THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE,

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Lecture XIX.

Affections of the Lids.

Gentlemen,

The eyelids participate in the external inflammations of the eye; that is, in common, catarrhal, purulent, and strumous ophthalmia. You will not see a severe case of these inflammations, more particularly of the three first, without more or less palpebral redness and swelling. This influence is not reciprocal: there may be high inflammation, and much swelling of the lids, without any affection of the globe. Neither are the lids involved in cases of internal inflammation; that is, if the disorder is confined to the internal parts.

The lids are liable, like other parts of the body, to common inflammation, and this may tend to suppuration and the other consequences of inflammation; but there is nothing peculiar in the abscess thus formed nor in the essential points of treatment. Matter formed in the lids may approach to the surface either on the side of the integuments or of the mucous membrane, or it may present in both directions. The only point of consequence to attend to, with respect to this affection, is to endeavour to limit the extent of suppuration as much as you can; and on that account you should make an opening into the abscess as soon as possible. If you allow the integuments of the lid to be distended, so as to form a large cavity, the consolidation of the abscess may cause the tarsus of the upper lid to be unnaturally fixed to the superciliary ridge, and ectropium with great deformity ensues. This point is still more important in scrofulous abscesses of the lids, than in common suppuration, because the action is more indolent in the former case, and proceeds, if left alone, to a suppuration occupying the whole lid. I have seen about half a dozen instances, in which eversion of the superior tarsus and most distressing deformity have resulted from this cause, the external convexity, or the very ciliary margin of the tarsal cartilage, having become closely attached to the edge of the orbit. In one case, of a young gentleman from Scotland, where the appearance was so very disagreeable that he kept the eye constantly covered by a close green shade, and consequently was prevented from using the organ, I succeeded, by a painful operation and much subsequent trouble, in removing the deformity almost entirely, and in restoring the use of the eye. [Mr. Lawrence entered at some length into the method which he adopted on this occasion.] In another instance, of a very scrofulous subject, an abscess was allowed to burst of itself in each upper eyelid, producing ectropium on each side, which greatly disfigured the individual, and could be only partially remedied. In cases then of suppuration of the lids, make it a rule to puncture as soon as you can ascertain the existence of matter, and if this be done with moderate attention there is no danger attending it.

In cases of erysipelas and œdematous affection of the face, the lids swell uncommonly, and the eyes are closed with great alarm to the patient; they are terrified at finding that they cannot see. As the globe is not affected, vision is in no danger; the swelling goes away as the inflammation which produced it subsides. In great œdema of the lids there would be no harm in puncturing with a lancet to let out the serous fluid.

Ophthalmia Tarsi.

Inflammation of the lids often occurs as a primary affection, independent of

inflammation of the globe; this affection is sometimes called *ophthalmia tarsi*. The tarsus of course may partake of the inflammatory action, but the principal seat of inflammation in most cases is the mucous membrane lining it.

Symptoms.—The phenomena exhibited by inflammation affecting the lids are much the same as in inflammation elsewhere; these are, redness, increased vascularity of the mucous lining, considerable heat, burning, and pain in the part. Frequently there is an increased mucous discharge from the inflamed lids, and more or less alteration in the qualities of the Meibomian secretion. In this affection you will find it necessary to remove blood by leeches, to bathe the parts with tepid water, and apply tepid fomentation, or cold washes if more agreeable to the feelings of the patient. In addition to these give some brisk aperient medicine, and apply some mild ointment to the edges of the palpebræ at night to prevent their adhesion. If, however, the inflammation be neglected it will become chronic; the edges of the lids will be more or less thickened, and have an excoriated appearance; the Meibomian secretion, instead of being unirritating and bland, as it is in the natural state, has an acrid and irritating character. The lids adhere during the night, and there is an accumulation of incrusted matter about the cilia; this affection will continue for months, or even for years, and is technically termed *lippitudo*. In the milder forms of this chronic inflammation of the lids, without much redness or excoriation, you may have principally a sense of itching and tingling, together with an agglutination of the lids during night, and this sense of itching seems to have induced Mr. Ware to call it *psorophthalmia*, adopting the term psora on account of its itching; but there is nothing of a psoric character in the affection. I deny the existence of an itching inflammation of the eye, although it has been described particularly by the Continental writers. I am in the habit of seeing numerous cases of itch in its most aggravated form, but I have not seen inflammation either of the eye or lids in these instances, neither during nor subsequent to the itchy eruption. Where the body has been covered with itch to the greatest degree, I never saw any kind of ophthalmic disease attributable to this specific cause; indeed it is well known that the head and face are peculiarly exempt from this loathsome disorder, and that they very rarely suffer, even when all the rest of the body is thickly beset with vesicles and pustules of scabies. Nor has the rapid cure of the itch by suitable treatment, in instances of its most extensive prevalence, had any injurious effect within my experience. I have neither seen ophthalmia, nor other affections of the organ, from the retropulsion of scabies.

Tinea.

There is, however, an inflammation of the lids which occurs in children, in which there is at first a redness of the lid, an increased vascularity of the mucous lining, and then a thickening of the lids; after which a series of vesicles, or pustules, forms along the roots of the cilia; these pustules generally contain a yellowish matter, and when they burst little scabs are formed upon the part. These pustules are very much like certain forms of porrigo, or scald head, and it is probable that they are the same kind of pustules; it is this form of disease that is called *tinea* of the lids at this Infirmary. It occurs most frequently in young persons, and the ulceration taking place about the roots of the cilia, loosens them and they fall out.

Treatment of Tinea and Lippitudo.

Now in an affection of this kind, as well as in that form called lippitudo, the one being only distinguished from the other by the absence of ulceration, the lippitudo being a state of excoriation and rawness of the lids, and so forth, without the formation of ulcers, and the tinea being the same kind of inflammation, but attended with the formation of ulcers along the lids; in both these affections, the first step in the treatment is to put a stop to the inflammation by the mild means I have mentioned, and when this is done, you should have recourse to local stimulants and astringents, as you would in similar affections in other parts of the body. Mr. Ware has given great currency to a local application, which, perhaps, will answer the purpose as well as any other, and that is the citrine ointment, which is applied to the ciliary margins of the lids once in twenty-four hours. Take a little of the ointment upon a camel's hair pencil, warm it over the flame of a candle, and apply it to the surface of the ulcers, but take care not to let it come in contact with the conjunctiva of the eye. The red precipitate ointment is a favourite remedy, and it is a very good application if carefully used, but if you trust it to the friends of the patient, they generally employ it carelessly; it is better, if you can, to do it yourselves, or if you give it to them, mix it

with two or three times its weight of spermaceti ointment. Astringent washes are not of great use in these cases. There is an ointment very much in use among foreign practitioners, under the name of the ointment of Janin; its active material is the white precipitate. There is an empirical preparation very much in use for sore eyes, as people call them, which is Singleton's, or the golden ointment, and you will meet with persons who will give you the histories of its marvellous efficacy. Dr. Paris, in his Pharmacologia says, that it contains orpiment, or sulphuret of arsenic; but the citrine ointment, which we are generally in the habit of using, will answer every purpose. Such are the means to be employed to remove these affections of the lids, and they are all that are requisite. The employment of various stimulating washes for the purpose of clearing the sight, as it is called, is unnecessary; the film which is sometimes spread over the cornea, is nothing but a portion of the morbid secretion of the Meibomian glands, and as you remove the inflammation, so will they return to the natural state of secretion.

There is a condition of the lids, more particularly in scrofulous subjects, where the ciliary margins, after long continued slow inflammation, become thickened, indurated and knotty; they ulcerate irregularly, and incrustations form about the lashes, which are often partially or generally detached. This swollen and knotty state of the lids, in which their margin often loses altogether its natural figure and appearance, has been technically called Tylosis. In this state, or in aggravated cases of tinea, where the ulcerated margins of the lids are covered by hard incrustations, which, together with the cilia, prevent the application of remedies to the seat of disease, the best plan of treatment is to extract all the cilia, and then touch the surface over lightly with a pencil of lunar caustic. This has a great effect in healing the ulcerations and dispersing the swelling. The citrine ointment should be used afterwards, and the caustic may be repeated in a few days. Three or four repetitions are generally sufficient. There is another inducement to extract the cilia; those which fall out by ulceration are never replaced, because the bulb which secretes the hair is destroyed, but when the lashes are plucked out, they are afterwards restored. I have asked those people who have lost their eye-lashes by ulceration, whether they have felt any injury to the sight, and they have told me, that the loss of them has not been attended with the slightest inconvenience. The state of the lid, when deprived of the eyelashes, has been called *ptilosis* or *alopecia*; the effect of the removal is very inconsiderable, and unless you look closely to the lid of a person of light hair, you can hardly distinguish whether the eyelashes are wanting or not.

The foreign writers speak of pediculi occurring on the cilia, and, by their irritation, occasioning slight ulceration of the lids; and I once had an opportunity of seeing the case. A child came to the Infirmary, complaining of the eyes being sore, and said they itched very much. I looked at the eye, and could not see much the matter, but I thought that the cilia had rather a thick appearance, and on a more accurate examination, I found that this was caused by an infinite number of pediculi sticking over the hairs. I ordered the free application of the citrine ointment, and wished to see its effect; but the mother, who came with the child, was so much offended at being told the cause of the complaint, that she did not bring the child back again.

Hordeolum.

An hordeolum, or stye, is a painful affection of the lids; it is a small hardish tumour, which forms just upon the edge of the lid, of a bright red colour, and frequently of a very sensible kind. It is a little conical elevation on the ciliary edge of the lid, which, after a time, shows a whitish point in its centre; suppuration occurs, and then the matter it contains makes its way out. This inflammation is not only attended with suppuration, but often with the formation of a small slough; it is a boil in miniature. The density of the texture explains the acute pain attendant on this form of disease. The process of suppuration is not quick; and when it has taken place, ulceration slowly follows, and the slough gradually makes its way out. When the suppuration is very decided, you may puncture it with a lancet; but it is not well to be hasty in puncturing. Some hordeola form more quickly, with greater suppuration and no slough; but, generally speaking, they are slow in their progress, and frequently occur, many of them in succession, in scrofulous individuals. In such cases you must employ the remedies most likely to correct the state of the general health; use soothing local applications; puncture the tumour when suppuration has sufficiently advanced, afterwards bathe with tepid fomentations, or apply a soft poultice. Mild aperients, with attention to diet, and the citrine ointment, will be

the best means after inflammation has subsided, and with the view of prevention.

The eyelids are subject to some destructive affections of the ulcerative character; for instance, to carcinomatous ulceration, which will be considered afterwards. They are liable to a tubercular swelling and subsequent ulceration, different in character and progress from the carcinomatous, but equally intractable. A knotted induration and swelling takes place, and this slowly ulcerates; it is sometimes painful, sometimes indolent. It may begin on the ciliary margin, or on the outer skin; when the ulcerated edge reaches the tarsal surface, it irritates the globe with great annoyance to the patient. It proceeds very slowly. I lately removed a disease of this kind from the lower lid; it had lasted about four or five years, and at that time had not extended along the whole lid, nor throughout its entire depth. In a patient of the Infirmary, it has existed about seventeen years, and has nearly destroyed both lids, without extending to the globe.

The only safe treatment in such cases, is free removal in the early stage; that is, as soon as the character of the affection is clearly marked.

The eyelids are liable to *syphilitic ulceration*, which I believe is not described, although the affection is not uncommon. You will find syphilitic ulceration occasionally happening on the ciliary margin of the palpebræ and extending, so as to destroy the substance of the lid equally, the mucous membrane, cartilage, and skin, being all involved; or you may have it occurring first upon the mucous surface: in either way it is attended with serious risk, as the ulceration, if unchecked, will destroy the lid. The treatment of such a kind of ulceration must of course be very similar to that of a syphilitic ulcer situated in any other part. The constitutional measures necessary for the removal of that specific malady must be had recourse to in order to put a stop to the progress of the ulceration. It is that kind of sore which Mr. Hunter has pointed out and described as being caused by a process of ulceration without reparation. An excavation takes place, a deep hollow is formed, but no granulations appear, and the sore presents a whitish yellow sort of surface. Ulceration goes on without any process of granulation, and in this way it extends along the whole of the lid. I have seen some cases in which foul ulcers have been developed in the upper lid, and spread over the whole of its inner surface, without appearing externally. In one case in particular, I believe the sore would not have been discovered, if I had not before directed my attention to the subject, and examined the inner surface by everting the lid, and there was a syphilitic ulcer as large over as a sixpence. Sometimes I have seen two or three small syphilitic ulcers upon the mucous surface of the upper lid. These cases all require mercury for their cure, and the best mode of proceeding is to employ it actively, so as to bring the system speedily under its influence. I have given the oxymuriate of mercury in the decoction of sarsaparilla, with very great advantage; the same good effects appeared to attend its use as in the case of syphilis. One case of the kind was a woman of the town in St. Bartholomew's Hospital some years ago. She came in with a foul ulceration, occupying nearly the whole lower lid, and extremely painful; the surface was dirty white, and almost sloughing, the surrounding integument bright red. On questioning the woman, I could not clearly make out that she had recently had syphilis, and no other symptoms were present. Never having heard of syphilitic ulceration of the eyelids, and seeing the bright red colour of the surrounding skin, I applied leeches and soothing applications; evacuated the bowels, and regulated the diet; gave the patient opium, too, at night. This treatment produced no beneficial influence on the sore, which destroyed the whole lid. I then thought of using mercury, not from any conviction that the disease was syphilitic, but as a powerful means of correcting diseased action. I gave her calomel and opium every six hours; she was soon salivated, when the pain ceased, the surrounding redness went off, the sore became healthy, and very soon cicatrized. The lid was destroyed, but its loss was ultimately hardly noticeable. I have since seen many cases of syphilitic ulcer situated on the lids, either confined to the mucous surface, or occupying the whole thickness of the part, generally occurring in conjunction with other secondary symptoms, particularly with ulcerations of the skin and throat, but sometimes alone. In one instance of the latter kind, some years had passed without any appearance of disease. I have not seen this symptom removed without the use of mercury, and, in general, the decided influence of the remedy on the system has been necessary.

The lids are subject to a change of position as regards the globe of the eye; and the two changes of this sort are just the reverse of each other; they may be either everted, so that their mucous lining is

turned out, or they may be inverted, so that their cutaneous surface is turned in against the globe. You may have a simple change of position, the lid being otherwise natural, or it may be accompanied with certain alterations in the structure and figure of the part. The tarsus may be elongated or shortened; its margin may be bent inwards; the conjunctiva may be thickened and changed into a fleshy kind of mass; the cilia may be directed against the globe.

Ectropium.

The eversion of the lids is called ectropium; this term was used by Celsus, and is a literal transcript of the Greek substantive *ἐκτρόπιον*, meaning eversion or turning out. This eversion may be either temporary or permanent; the temporary ectropium occurs in certain inflammations of the eye; it will take place in the purulent ophthalmia of children, and other inflammations in which the conjunctiva is much swollen; the thickened conjunctiva presses against the thin edge of the tarsus and thus turns out the ciliary margin of the lid, but this eversion gradually subsides as the inflammation is removed. The mere temporary eversion requires only slight occasional assistance on the part of the surgeon.

Permanent eversion takes place more frequently in the lower lid than in the upper; it may happen in either, from external injury; from ulceration of the integuments, or rather from the contraction attendant on the subsequent cicatrization, which produces the same effects here as in other parts of the body. The contraction of the cutaneous surface of the lid draws the tarsus outwards, and eversion is the consequence. These are generally very troublesome cases, and we have no perfect remedy for them; for if the cicatrix be divided, the healing of the wound which you have made produces a similar eversion after the operation. After extensive burns of the face, you may see the lid drawn down from the globe, and its edges fixed upon the cheek. It has been proposed by a German professor to make the following attempt to remedy this very inconvenient deformity; I have not seen the method tried. He advises a division of the cicatrix, so as to liberate the margin of the displaced and confined lid, and to dress the surface of the sore thus produced with irritating ointments, such as the yellow basilicon or red precipitate, so as to produce an exuberant growth of granulations in the sore, in the hope of supplying the lost substance, so that when cicatrization takes place, there may be no shrinking in the part. Amongst the descriptions which we have of the practices of savage tribes, it is said that they are in the habit of adorning themselves with projecting streaks upon their bodies, produced by making wounds and scarifications, and managing them afterwards in such a way as to produce an elevated surface on the skin. I once saw an African in St. Bartholomew's Hospital, who had several of these projecting cicatrices. Now if it can be done in the one case, it might be inferred that it could be effected in the other. Ectropium happens very frequently in the lower lid, as the result of lippitudo; when the mucous membrane lining the lid has been long inflamed and thickened, and when the irritating discharge has excoriated the skin, the latter shrinks under the repetition of such attacks, becomes shortened, and draws the edge of the lid outwards. When the tarsal surface of the lid is thus turned out, the exposure of the mucous membrane to the air, and other sources of irritation increases the inflammation and thickening, until at last it degenerates into a fleshy sort of substance, and then it is called a fleshy ectropium, (*ectropium sarcomatosum.*)

Treatment.—You will first investigate the case with the view of discovering the cause. If the state of chronic lippitudo still exists, it must be removed by suitable internal and local treatment; and a healthy state of the Meibomian secretion must be re-established. For this purpose no application is better than the red precipitate ointment, which may be freely applied to the thickened and everted conjunctival surface, as well as to the ciliary margin of the lid. It reduces the swelling of the conjunctiva, and rectifies the secretion of the tarsal glands. In this way you will often remove ectropium, even when accompanied with much thickening of the conjunctiva. If the latter affection do not yield readily, it may be lightly touched with the nitrate of silver. The shrinking and shortening thus produced on the internal surface draws the edge of the lid into its natural situation.

If you have tried these means, and still there should remain such a growth of conjunctiva as you cannot reduce, it will be necessary to shave off the thickened membrane, and the healing of the sore will draw the lid into its proper position. When the lid has been long and considerably everted, the tarsus stretched and elongated, it becomes changed in figure, so as no longer to adapt itself properly to the convexity of the globe even if the lid were returned to its proper situation.

Here it is necessary to remove a portion of the palpebra, throughout its whole thickness, of the shape of a V, a wedge-shaped portion of the lid. This may be done very easily, either with the knife or scissors; afterwards the edges of the wound must be united by two small silk sutures.

Entropium.

The inversion of the lids is called entropium, and that, like the ectropium, may be either temporary or permanent, partial or complete. This is a complaint of more injurious tendency to the organ, being often accompanied with great mechanical irritation, from the rubbing of the lashes against the globe of the eye, and thus producing severe inflammations with ulceration and opacity of the cornea.

Temporary inversion, particularly of the lower lid, will occur in chronic external ophthalmia, and sometimes even in more acute cases. The ciliary margin seems to become contracted by repeated and continued inflammation, a spasmodic action of the orbicularis is produced, occasioning constant winking, particularly when attempts are made to use the irritable organ; the contraction of this muscle forces the eyelid inwards, and then retains it in its unnatural position. The whole lid is absolutely rolled inwards, and the cilia frequently lie against the mucous surface of the lid, without irritating the ball; but if the inversion be less complete, the eyelashes are directed against the ball, with great aggravation of the inflammation. By drawing the skin gently downwards, you restore the part, which has its natural figure; but the patient presently winks or moves the lid, and the orbicularis turns it in again.

Treatment.—This temporary inversion of the lids may be generally remedied by the use of slight mechanical means. In the first place, you may often succeed by putting a small compress against the lower portion of the lower lid, and retaining it there by a strap or two of sticking plaster placed transversely over it. Pressure in this situation restores the ciliary edge to its right position, and if it be retained thus for twelve or twenty-four hours, you will find that the inversion will not be reproduced. In some cases, however, it is difficult to retain the compress on account of the tears flowing over the lid, and loosening the plaster; you may then succeed by employing a piece of double twisted wire, bent into the form of spectacles, so as to fit on the nose, and made to press upon the lower lid; this will in general answer very well in these cases of temporary inversion of the lid.

We are more frequently called on to remedy permanent inversions, accompanied with serious irritation of the eye from the pressure of the cilia against the globe.

Permanent entropium may happen from two causes; there is frequently in elderly persons a relaxation of the integuments; the skin of the lid loses its elasticity, falls into wrinkles; the fat is absorbed from the surrounding parts; and thus loose folds are formed in the lid. The balance between the external surface and the mucous lining of the lid is lost, and inversion is the consequence. The entire lid forms a round roll, the cilia lying in its interior; the essential form of the lid is not altered, and there is little or no irritation. In such cases, if you take up a fold of integument with the finger and thumb, or with a forceps, and draw it out a little, you will restore the lid to its proper situation. You must try how much of the skin, how large a fold of it is required, to draw the edge of the lid out; because if you take up too much, you would produce eversion. Having taken hold of as much of the skin as you consider necessary by the forceps, you may then remove the fold so raised by the scissors or by the knife. Or you may accomplish the purpose by the application of some strong escharotic; and we are in the habit of using the concentrated sulphuric acid at the Infirmary for this purpose. A small bit of wood should be scraped flat, and almost brought to a point, then dipped in the acid and drawn gently and repeatedly over the surface of the skin which you wish to destroy. You must of course use the greatest caution to prevent the contact of the acid with the ciliary margin, or the globe. You must continue to apply the acid until the proposed object is accomplished, which will generally require about ten minutes or from that to a quarter of an hour. The acid turns the skin at first white and then brown, the skin contracts, shrivels up, and then draws the ciliary margin of the lid outward. The portion of the skin thus destroyed by the acid should be a little more than appears to be absolutely necessary to bring the lid up, it should be everted a little, since the ulceration and cicatrization which follow this application yield a little, and yet the cicatrization produces a permanent contraction and consequent eversion of the palpebræ.

The most effective mode of proceeding, however, is the removal of a portion of the skin by the knife or scissors; you should take hold of a fold of the integu-

ments by a forceps, having small horizontal blades corresponding in length to the ordinary length of the lid. These forceps are sometimes made with a spring between the handles, so that having opened the extremities and taken hold of the skin, the spring retains that hold, but I think those made without the spring are the best, as there is generally pretty considerable force required to hold the skin included between the blades of the forceps, and more than the spring in the handle usually affords, so that when you take hold of the forceps for the purpose of drawing the fold of skin outwards a little, the forceps loses its hold and drops off. After you have cut off the fold of skin, you should unite the edges by two or three fine silk sutures, and allow them to remain in about twenty-four hours; I never allow the sutures to remain longer than that time, the degree of adhesion which by that time takes place, is sufficient to retain the edges of the wound in apposition. The cicatrization produces a permanent contraction in the part, and consequent eversion, as by the acid in the former case. When the lid has been for a long time inverted, and there appears to be change of figure in the tarsus, with a tumid state of the lid and strong contraction of the orbicularis, it is necessary to do something more than merely removing a portion of the skin. The latter proceeding remedies the inconvenience for a time, but it is soon reproduced. You should therefore, after removing the fold of integument, take up a portion of the orbicularis, and remove it by the knife or scissors. The contraction of this muscle, which has so much influence in causing and keeping up the entropium, is thus weakened; and the subsequent cicatrization, being deeper and firmer, affords a greater security against relapse.

There is one form of inversion, in which the cause is seated in the tarsus and the mucous lining of the lid; it occurs when the lid has been long the seat of chronic inflammation, or when it has been frequently the subject of inflammatory attacks, the consequence of which is, that the tarsus becomes corrugated and shortened, the ciliary margin is contracted and presses inwards, and the cilia turned against the globe cause violent irritation, and keep up the inflammatory action which first produced the affection.—This inversion of the lid and of the cilia will occasion severe external inflammation of the globe, ending in opacities of the cornea, ultimately changes the texture of that part, rendering it vascular, and converting its mucous surface into a tough, opaque, and almost insensible covering. In an incipient case, you may do all that is necessary by removing a portion of skin; at all events you will find it a remedy which will last for some time, and you may entirely relieve the patient by this process. In order to make the operation more effectual, a portion of the orbicularis should be removed, that a firm cicatrix may be produced; or the acid may be employed, using it more freely, so that its action may extend deeper, and a solid scar be the result. If these means should fail, and the entropium be again produced, the question is, what is next to be done? A mode of operating has been recommended by Mr. Crampton, of Dublin, and followed with a little modification by Mr. Guthrie; it consists in a perpendicular division of the lid near to each angle cutting through its textures longitudinally, so that it may be turned up and brought into a complete state of eversion. The whole of the lid is cut through by a strong pair of scissors, at each angle, so that when you lift it, the mucous or concave surface is fully exposed, and you see that the ciliary margin is contracted and bent inwards; but these incisions set it at liberty. You cut out a portion of the external skin, as in the operation already described, taking up the necessary fold with the forceps, measuring it, removing it with the knife or scissors, and then uniting with two small sutures. You are then to make a little cut, or nick, in each edge of the curved tarsal cartilage, so that it may more easily bend outwards in its proper direction. Then, having left the threads of the external sutures sufficiently long, carry them upwards and confine them on the brow by sticking plaster, elevating them sufficiently to evert completely the liberated upper eyelid, and to maintain it everted, with its mucous surface completely exposed. Thus the parts are to be left till the sutures come through by ulceration, and till the granulation of the two longitudinal cuts draws the lid gradually into its natural position. The inverted lid is to be covered by a piece of thin linen spread with spermaceti cerate. The object of the proceeding is to liberate the contracted tarsus, to destroy its unnatural curvature, and thus to prevent renewed inversions. Mr. Guthrie represents that it accomplishes these points completely; that it is a perfect remedy for the severe sufferings caused by habitual entropium. I have not employed the proceeding often enough to give a decided opinion on it grounded on my own experience. But, from what I have hitherto seen, I prefer

to this rather complicated proceeding, in which great liberties are taken with the part, another and more simple plan, which is certainly effectual in removing the immediate cause of evil, viz. the irritation caused by the inverted cilia. This is the *excision* of the inverted cilia with that portion of the edge of the lid containing their bulbs. In a case of complete inversion, it is exceedingly difficult by any operation to accomplish a perfect cure; that is, to restore the edge of the lid, with its lashes, to its natural state; the excision of the bulbs sacrifices the lashes, but has the advantage of removing effectually all source of irritation from the eye. The cilia are formed in bulbs. The eyelashes, like other hairs, are formed in bulbs; and these are implanted in the edges of the lids, being about 1-10th or 1-12th of an inch in length. I advise, therefore, an horizontal incision to be made just beyond the bulbs, and corresponding in length to the space occupied by the inverted hairs; the portion thus marked out is to be dissected carefully off, so as to include the entire bulbs of the inverted cilia, leaving the internal mucous surface of the lid entire, and only removing as much as contains the bulbs of the cilia. I have adopted this mode of proceeding in many instances, and the result has been, in all cases, complete, as far as the liberation from irritation goes.

Trichiasis.

This word denotes an unnatural direction of the cilia, which turn inwards against the eyeball. It generally attends entropium, but not necessarily so: the lid, when inverted, sometimes forms a roll, the interior of which is occupied by the lashes. On the other hand, you may have the lid itself remaining in its natural position, but one or more of the cilia turned in and directed against the globe of the eye. This wrong direction of the cilia is called *trichiasis*, which is a term derived from the Greek word for hair. The changes, which the form and direction of the ciliary margin undergo in the worst forms of entropium, cause trichiasis, which is then combined with the inversion. Cicatrices of the ciliary margin, or tarsal surface of the lid, will cause partial trichiasis; thus it happens after wounds, or after ulceration from various causes. The trichiasis may be complete, involving the whole row of eyelashes; there may be only a single hair; or it may exist in any intermediate degree. We had a patient in the Infirmary, not long ago, in whom the entire series in both lids of both eyes was inverted; she had not only been deprived of all useful vision, but rendered miserable by inflammation and pain for many years. Sometimes one or two hairs are inverted, without any apparent cause; the lid and the other cilia being quite natural; in this case the wrongly directed hair is usually very slender and light coloured, so that close examination is necessary to detect the cause of inconvenience. The sensations of the patient, however, are very accurate; the feeling of a foreign body in the eye is almost invariably expressed. This mechanical irritation of the organ produces different effects according to its degree, and other circumstances. Sometimes there is slight uneasiness without inflammation: inflammation may be caused in the highest degree, with ulceration and opacity of the cornea, and the severest pain of the organ, with intolerance of light and the greatest irritability. Sight may be destroyed by the effects of repeated acute inflammation in the cornea, but the patient's sufferings are not at an end; they are only alleviated by keeping the eye absolutely at rest; the motion required in using it renews the pain.

Treatment.—The cure of trichiasis is either palliative or radical; the palliative cure is the plucking out of the cilia, and for this purpose we use forceps with broad ends. The lashes soon grow again, and must be extracted as often as they are reproduced. If the case requires a more effectual remedy, you must have recourse to the operation of dissecting out the bulbs of those cilia which are inverted, just as before described for entropium. There is a modification of this affection, called *distichiasis*, which is a long Greek word, meaning a double row; not that there is properly a double row, but there is a partial series of cilia produced on the inner margin of the lid, in addition to the natural rows of the cilia. The cilia thus formed upon the margin of the lid are turned inward against the cornea, and where the lids have long been the seats of irritation, then pseudo-cilia are not unfrequently produced. The before-mentioned palliative and radical measures are equally applicable to this case.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture XXVIII.

Diseases of the Intestinal Canal.

Gentlemen,

The contents of the stomach having undergone the changes induced upon them by the action of the *gastric fluid*, are passed into the upper or first portion of the intestinal canal, (termed, from its length of about twelve fingers'-breadth, the *duodenum*,) where they are mixed with the bile and pancreatic fluid, and become, in consequence, perfect chyle, fit to be absorbed or drunk up by the lacteal vessels, in order to be carried into the general mass of blood. A large portion of the food still remains unabsorbed, as being unadapted to the purposes of nourishment, and is carried through the intestines, to be discharged at the termination of these, the anus. This purpose of propelling the contents of the intestines, is effected by the muscular power of the tube, which is exerted constantly, though in different degrees, in a worm-like manner, called accordingly the *vermicular* or *peristaltic* motion. This movement is altogether involuntary, except in the *rectum*, where it appears to be in some degree under the influence of the will.

The muscular action of the intestines may be either diminished or increased, producing a slower or a more frequent evacuation of their contents accordingly. Or it may be altogether lost or suspended, as in paralysis; again, it may be exerted violently and permanently, in what is called *spasm*, constituting the disease termed *colic*.

The intestinal canal possesses naturally none of that feeling which is termed *sensibility*, that is, which is attended with consciousness. Under disease, however, as either *spasm* or *inflammation*, it becomes sensible to pain. It is a highly vascular structure, and therefore susceptible of inflammation, which, when it affects the substance of the canal, is termed *enteritis*, and which, as in other cases, may be either *acute* or *chronic* in its form, or rather in its degree. The mucous membrane lining the intestines, is also very liable to inflammation, and the disease receives different names, according to its extent, and the particular seat it occupies. Sometimes the whole alimentary canal, including the stomach, may be thus affected. The disease is then termed *cholera morbus*, for a reason that you will presently understand. If the portion of membrane lining the *small* intestines is affected, it constitutes *diarrhœa*: if the *large* intestines, it is called *dysentery*. All these, though but varieties of the same thing, viz. inflammation of the mucous membrane, are yet sufficiently distinct in some of their circumstances, especially in regard to their treatment, to demand separate consideration.

The morbid states, then, to which the intestinal canal is liable, may be enumerated as follows:

1. *Enteritis*, or inflammation of the general structure: this, in its chronic form, lays the foundation for permanent contraction in the part affected, with thickening, induration, and sometimes ulceration; termed altogether *stricture* or *schirrus*.

2. Inflammation of the mucous membrane, under the names of *cholera*, *diarrhœa*, and *dysentery*.

3. Interrupted function without inflammation, and consisting in obstruction or impediment to the discharge of the contents of the canal; there are several different causes of such interruption of function, as, 1. Spasmodic contraction, or colic; 2. Mechanical pressure of any kind, as from enlarged viscera, or tumours of preternatural growth; 3. Displacement of parts, as *hernia* and *intussusception*; 4. *Inirritability*, or torpor of the canal—*costiveness*.

The extremity of the canal is liable to peculiar states of disease, termed *hæmorrhoidal affections*, which are occasionally the subjects of medical treatment.

Lastly, the intestines often afford a lodgement for parasitic animals, under the denomination of *worms*; a subject that cannot be wholly passed without notice. We will first speak of

Enteritis, or inflammation of the general structure of the intestines.

Symptoms.—This disease is marked by pain in the abdomen, often very acute, and then more difficult to bear than most

other pains. The pain is constant, but not uniformly violent; and it is always aggravated upon pressure. The skin of the abdomen is often tender to the touch; and the heat of the parts is sensibly increased. There is *pyrexia*, or a general febrile state of system, the tongue being foul, the skin hot, and the pulse frequent. The increased irritability produced by the inflammation, occasions the intestines to contract; whence *constipation*, which is more or less complete, according to the violence of the disease. *Spasm* also frequently takes place, and thus the pain is aggravated at intervals. After the disease has continued for some time, an inverted action of the whole canal takes place; hence there is vomiting, first of the contents of the stomach alone; then of the secretions of the liver and pancreas; and lastly of the contents of the intestines themselves, fæcal matter being ejected. Although the constipation is so complete that nothing can pass downwards, it often happens that glysters are evacuated at the mouth. At other times, the spasmodic contraction of the whole canal is so strong, that glysters cannot be thrown up the rectum. The abdominal muscles are sometimes contracted, so that the outline of the different muscles can be distinctly traced, while the bodies of them are as hard as a board. After a time, the abdomen becomes tense and swollen, which shows effusion to have taken place, and is a very bad sign. The breathing is quick and short, because the descent of the diaphragm increases the pain, and the patient is unwilling, in consequence, to make a deep inspiration. He bends the body forwards, and draws up the thighs, in order to relax the abdominal muscles. There are often hiccup, cold extremities, and suppression of urine.

The pulse in this disease is generally very small and quick, as well as hard, beating often 140 or more in a minute. There is great depression of the general strength. When the disease is becoming dangerous, the tongue turns brown, as well as dry, and delirium frequently takes place.

This disease sometimes proves fatal in twenty-four hours, or even less; and when violent, it more frequently ends in gangrene, than perhaps any other inflammation. Gangrene is known to have occurred by the sudden subsiding of the pain, without any of the other symptoms being relieved; the vomiting continues; there are cold sweats, anxiety, delirium, sinking and irregular pulse, and death. The disease is not equally violent at different times, but may proceed mildly, and be thus protracted for many days, or even a week or more; which is often the case, when produced by simple displacement of parts, such as *intussusception*.

Causes.—The *causes* of *enteritis* are the common causes of inflammation; namely, *cold*, direct irritation of various kinds, as by acrid purgatives, such as *elaterium*, *scammony*, *calomel*, &c.; and hard and sharp bodies swallowed, as plum stones, or the like; hardened fæces; *crude mercury*, (which was formerly used to *purify the blood* and clear the complexion, also for the removal of spasm,) intussusception; hernia; long-continued spasm; suppressed diarrhœa.

The *prognosis* in *enteritis* is generally unfavourable. This disease is always to be reckoned dangerous, but of course is more or less so, according to its violence, and the nature of the cause inducing it. Much will depend also upon the propriety and activity of the treatment employed. If the disease is violent, and should have been overlooked for twenty-four hours, it will be very likely to prove fatal. Some of the causes are scarcely within the reach of art; as for instance, *intussusception*; but this can never be known with certainty during life. If evacuations from the bowels have been procured, the *prognosis* will be generally, though not always favourable; but till this has freely taken place, the patient is never safe. The bad symptoms are, continued constipation with vomiting; a dark brown and dry tongue; tension and tenderness of the abdomen; hiccup; suppression of urine; *subsultus tendinum*; intermitting pulse; and delirium.

Treatment.—The treatment of enteritis must be prompt and active, on account of the rapid progress and danger of the disease. *Bloodletting* must be had recourse to largely, and that as early as possible in the disease. The quantity of blood to be taken, must not be judged of merely by the pulse, which is always contracted; but by the general strength of the patient, as determined by all the circumstances taken together. The weakness in this case is more apparent than real; it is a temporary depression of strength, not absolute weakness; and in such cases, the pulse in general rises after bleeding; it becomes fuller and slower.

The warm bath or fomentations may be useful. After general bleedings to the proper extent, we may apply leeches and blisters to the abdomen.

The immediate cessation, in general, of all bad symptoms, as soon as evacuations by stool have been obtained, is a strong inducement to employ purgatives;

yet they require to be used with caution, especially the more active or drastic ones. Irritating purgatives are generally rejected by vomiting; while, by increasing the peristaltic motion, they tend to irritate the inflamed part, and increase the distension of the parts about it; that is, supposing they don't pass the contracted part. *Castor oil* is one of the best adapted in these cases. Should this fail or be returned, the *sulphate of magnesia* in infusion of senna, may be tried; or *pills of colocynth*. The more active the inflammation is, the greater the caution necessary in regard to purgatives. Too much reliance is placed upon *calomel* in these cases, as if it were the most certain of purgatives; which is quite contrary to its real character. Its effect in this way is extremely uncertain. A grain or two when first administered, will seldom fail to purge; but upon repetition, it ceases to have this effect; nor will any increase of the dose insure its operation. While it may produce other effects that are not wanted, and which might be highly objectionable. You must not forget that calomel is very capable of exciting, and no doubt, therefore, of aggravating, inflammation in the intestines. In children, I believe, it has often this effect, used as largely and indiscriminately as it is in modern practice. The frequent administration of glysters should be insisted upon, as being free from the objection that applies to purgatives given by the mouth.

Purgatives will be sometimes retained on the stomach, by combining them with a small quantity of opium. A large dose of opium may also be given on some occasions, to take off the spasmodic contraction, which has at times more to do with the constipation, perhaps, than the inflammation itself.

When these means fail to procure stools, dashing cold water over the abdomen and lower extremities, has succeeded; this, by the shock it produces, takes off the spasmodic contraction that may be present, and so favours evacuation. Lastly, tobacco in infusion, given as a glyster, should be administered, in the dose of half a drachm, or even less, to half a pint.

Inflammation of the *large intestines*, is not attended with symptoms so acute, nor is the progress of the disease so rapid as when the *small* intestines are affected; neither is the constitution so much disturbed. The disease in this case often goes on to suppuration, and the pus is discharged into the intestine; or it may make its way outwardly through the parietes of the abdomen, and, in either case, the patient may recover. The pulse, in these cases, is full and strong. The causes are similar to those which produce inflammation of the *small intestines*; but I may mention particularly, hardened fæces. The treatment, also is essentially the same, though less active; glysters, however, are more to be insisted upon.

As in all other diseases, so in *enteritis*, you are to pay attention to the *cause*, as the cure may depend entirely upon its removal. Thus in *hernia*, no means will in general relieve the inflammation, till the protruded parts are replaced in their natural situation; to do which, may require a surgical operation. In such cases, you should not lose time in ineffectual efforts, to do what after all, perhaps, cannot be accomplished. Could *intussusception* be known with certainty during life, and its precise seat ascertained, an operation might perhaps be warranted for its relief, and as a means of saving life. *Intussusception* may be strongly suspected, where the symptoms take place slowly and proceed with mildness, the constipation having continued for several days before marks of inflammation appear. It is plain that in such cases, we can do but little towards the relief of the patient. Purgatives given by the mouth, by increasing the peristaltic motion above, will be likely to force a greater quantity of the gut into the receiving portion of the intestine. An inverted motion of the bowel seems to be the only means by which it can be disengaged from its confinement. Such an inverted motion could only be produced by violent and long-continued vomiting; but this might be injurious in other respects. No objection exists to the use of glysters in these cases. Your principal aim should be, in all these cases, to keep down inflammation, which is the thing chiefly to be dreaded. This requires occasional bleeding, according to the circumstances.

Stricture, or Scirrhus of the Intestines.—The intestines, like other parts, are liable to a slow-acting, or chronic kind of inflammation, which, by continuance, produces its usual effects, namely, thickening, contraction, and often ulceration of the part affected. To this state, the terms *stricture* and *scirrhus* have been applied, and that for reasons sufficiently obvious. Every part of the alimentary canal is liable to this, but the disease is most frequently observed in the *œsophagus* and the *rectum*; not, perhaps, as of more frequent occurrence in those parts, but from being more readily detected there, by being more open to examination; while the symptoms are also less equivocal. I have already described the disease as it

occurs in the *œsophagus*; and almost all that I then said applies to the *rectum*. The disease here is discovered by the pain felt by the patient, and which is after a time constant, though much aggravated during the efforts made to evacuate. The reduced size of the excrement, when of a solid consistency, is another criterion, by which your judgment may be formed. There is often, likewise, a mucous, purulent, or sanious, and even bloody discharge, according to the state of the diseased surface. An examination by either the finger or a bougie, makes the case clear, provided the part affected is within reach.

The treatment of this disorganised state of the intestine is seldom attended with success. Neither local nor general remedies appear to be of much avail, though they are both capable of doing injury, and therefore should be used with reserve and caution. The introduction of instruments for forcibly dilating the part, tends to aggravate the disease, while they are seldom necessary, the contraction being rarely such as to occasion complete obstruction. On some occasions, the parts are so inirritable, as to allow of the use of bougies without mischief. The greatest attention must be paid to the diet of the patient. The food should be altogether liquid, or should consist of such soft and tender solids, as leave but little feculent matter behind. I have seen a patient quickly destroyed by neglecting this precaution, and using the stronger fibrous meats, and large quantities of bread. Milk, in such cases, forms the best kind of aliment, and should be principally relied upon.

Any intermediate portion of the intestinal canal may be the seat of such a disease, as I have now described; and the higher it is situated in the canal, the more equivocal it becomes. The mucous membrane, to a considerable extent above and below the part, being in a state of great irritation, if not inflammation, has its secretion increased, as is also the peristaltic motion. The contents being thus rendered more liquid, and being urged faster onwards, (the contraction not being compiete,) the disease assumes the character of common diarrhœa, and is often treated as such, with injury to the patient. It is of importance, therefore, to make the proper distinctions, and which you may generally do with an ordinary share of attention. When diarrhœa or purging is found to recur continually, after having been suppressed for a time by opium, or astringents; when there is constant pain in the abdomen, confined to nearly one spot, and which is increased upon pressure; and when, as is sometimes the case, a degree of hardness or swelling can be felt upon examination; also if the stools should be mixed with purulent or sanious fluid; there is, then, great reason to suppose the intestine to be in a disorganized state.

In the treatment of these cases, you must bear in mind that inflammation is the disease, though in a chronic form, and attended with alteration of structure. The treatment accordingly must be of the antiphlogistic kind; but it does not require to be very active. A small bloodletting may be now and then useful. The purging should be rather encouraged, than put a stop to; but the remedies used for the purpose should be of the mildest description. *Counter-irritation* by blistering, &c. may be useful from time to time, and a cautious trial of mercury made, though the effect of it is always doubtful. *Opiates* may be occasionally resorted to as palliatives, but not for the purpose of suppressing the diarrhœa. The food should be of tender texture, and a large portion of it should consist of milk and farinaceous matters.

FOREIGN DEPARTMENT.

ANATOMY.

*Congenital Malformation of the Coverings of the Heart.** By M. Breschet.

The cases on record of absence of the pericardium are sufficiently numerous, but having been for the most part recorded at a time when the inflammation of the heart's coverings was neither well known nor its effects accurately studied, it has often happened that absence of the pericardium has been mistaken for adhesion of that bag to the heart itself. Nothing is more possible than to conceive this error possible, but to pretend with Haller that in every case this mistake has happened, is to carry one's doubts too far and to err on the opposite side.

* Repertoire d' Anatomie et de Physiologie Pathologiques. This journal, the first number of which has been recently published at Paris, is conducted by Breschet, and one or two other professional men of eminence in that city.—Ed.

Case.—A young man of twenty-eight years of age, a mason by trade, naturally of a strong constitution, and experiencing no impediment in the respiratory or circulatory functions, was admitted into the Hôtel Dieu, on the 5th of December, 1825, for a severe attack of inflammation of the intestines, from the effects of which he died in three days after his admission. On examining the body, several pathological lesions were observed, such as thickening of the parietes of the intestines, ulcerations of the mucous membranes in several parts, and the following remarkable malformations:—The pericardium did not appear to exist, and the heart was quite free in the cavity of the chest. The heart, when deprived of the external fibro-serous covering, rested on the left lung, and only appeared to be kept in its situation by two bands, about two inches in length. The mediastinum was formed by a simple serous fold belonging to the right pleura. On the left side of this partition, a superficial fibrous capsule was found terminating on the origin of the great vessels, rounded off inferiorly, without being adherent to the diaphragm. This capsule appeared to be a rudiment of the pericardium; indeed its shape and situation left no doubt as to that point. The serous membrane of the heart was wanting altogether, if we consider this membrane as a separate and distinct pouch of the pleura. We could see the serous membrane of the internal part of the left lung, at the point where it was in immediate connexion with the heart, reflect itself on this organ and cover it entirely. This central organ of circulation had no serous sac in proper, but the diaphanous fold which covered it, was evidently a prolongation of the left pleura. On the superior edge of the left ventricle, the pleura in going from the lung to the heart, formed several folds, which at first sight might have been taken for accidental bands, but which manifestly belonged to the pleura itself.

This pathological specimen was presented to the Philomathic Society, and the faculty of Medicine, where it was examined by MM. Blainville, Cruveilhier, Desormeaux, Dumeril, Laennec, Orfila, and others; and is an incontestable instance of almost a complete absence of the fibrous fold of the pericardium.

Indeed the serous sac proper to the heart itself did not exist as a distinct bag of the pleura, but the heart derived from this membrane the transparent fold which covered it. Between the portion of the right pleura, forming by itself the mediastinum and convex surface of the fibrous fold, which constituted the vestiges of the pericardium to the right, and a little behind was the right phrenic nerve, whilst that of the left side was carried in front along the free and anterior edge of the fibrous fold. The adhesions of the heart, by the two small bands which we have mentioned, to the diaphragm were the only medium which kept the heart in its situation, and regulated its movement.

This fact has appeared to me so much the more curious, since up to the present time we have only had one or two well-authenticated cases of the heart, in the healthy state, being deprived of its coverings, and because several modern pathologists have attributed to adhesion of both layers of the pericardium what most authors have related as complete absence of the pericardium. Portal and Boerrhaave were both of this opinion. The case of the young student, however, mentioned by Reald Columbo,* who died in a fit of fainting, and whose heart was found deprived of the pericardium; that of the dropsical woman related by Bartholinus,† with dilatation of the right auricle, and no pericardium, as well as the case which Tulpius‡ has given of an adult, who had been unwell from his infancy with intermitting pulse and violent pulsation of the heart, and who also had no pericardium, are too well known and recorded by men who held too high a situation in their profession, not to inspire us with some confidence as to their accuracy. Nevertheless, all the facts mentioned by Ryer,§ Lancisi,‖ Brunner,¶ Hoyer,** Lieutaud, are, in Haller's†† opinion, instances of adhesion of the pericardium to the heart. The example recorded by Littre, ‡‡ appears to me exactly of the same nature as those which Haller notices. A woman, fifty-four years old, had no pericardium, and the heart was bare in the thorax; this organ was dry, hard, and unequal, and rough on its surface, and possessed no

* Reald Columb., Lib. XV. p. 265 de re anatom.

† Barthol. Cent. IV., Hist. 20, tom. 2, p. 264, Hist. Anat. rar.

‡ Nicolai Tulpii Observ. Medicæ, Lib. II. caput 25, p. 143.

§ Method. Hist. Anat. cap. 4.

‖ De Motu Cordis et Aneurismat. Lib. I. p. 23.

¶ Edn. Brunner, f. g. Barbeck, Dissert. de Corde Occulto; 1701.

** Act. Nat. Curios., Vol. V., Observ. 68.

†† Element. Physiol., Vol. 1, p. 289.

‡‡ Mem. de l'Acad. Royal des Sciences 1712, p. 37.

fat. Among those characters do we not recognize a pericarditis, from the effects of which, the covering of the heart had become adherent to it?

The attentive perusal of all these cases had made me remark more attentively the one which presented itself to my notice. We cannot conceive here an adherence of the heart to the pericardium, since the serous membrane, evidently coming from the pleura, covered this organ, and, from its transparency, its muscular nature would be perceived, and especially because there existed on the right side, resting against the pleura, some vestiges of the pericardium. M. Breschet regards the case related by Baillie,* as a genuine one of the absence of the pericardium, and thinks that there is some analogy between his own case and that of Baillie's.

Anatomical and Physiological Considerations on the connexion of the Placenta with the Uterus. By M. E. A. Lauth, D. M. (*Ibid.*)

The mode of union between the uterus and the placenta, and the reciprocal change of blood between the mother and the fœtus, have, for a long time past, occupied both anatomists and physiologists, and still they are not yet able to give us clear ideas on the structure of these parts, or on the manner in which the functions dependent on these parts are performed. At the time when the circulation of the blood was discovered, there was admitted to exist between the uterus and the placenta, as in all other parts, an intermediate parenchymatous substance between the termination of the arteries, and the commencement of the veins. Microscopic observation, however, and injections having proved the non-existence of the parenchyma in the rest of the body, the immediate continuation of the uterine arteries in the veins of the placenta, and that of the arteries of the placenta into the veins of the womb, were then admitted from analogy. But it was not a long time before it was found impossible to inject the vessels of the fœtus by those of the mother, and *vice versa*. The injection thrown into the arteries always stopped between the placenta and uterus, and produced effusion more or less considerable in the interstitial space of those two organs, if too much force had been used; or it returned by the veins, if the injected matter were sufficiently fine, and if the operation had been directed with care. These experiments several times repeated, and always with the same results, did not relieve the physiologists of one error, but to fall into another. An immediate connexion was no longer admitted between the vessels of the uterus and those of the placenta, but they said that the arteries terminated by open orifices into the cells situated between the two organs, or into the uterine portion of the placenta, and that the veins absorbed the effused blood, those of the placenta, to conduct it to the fœtus, and of those of the uterus to carry it back to the mother.

In the researches which I made on this subject, I felt myself bound first to examine into what was understood by the fœtal, and what by the uterine placenta; portions which, according to modern anatomists, are composed of vessels entirely different, the one being the prolongation of those of the uterus, and the others merely the expansion of the vessels composing the umbilical chord. Notwithstanding the most minute researches, I have not been able to discover these two portions, unless I were to designate by the name of uterine placenta, that portion of the membrana decidua, to which the placenta had become attached, and which, after being more or less completely separated from the uterus, is expelled with the placenta, the external surface of which it covers. The formation of the membrana decidua in the uterus, before the descent of the ovum into that organ, and want of it in cases of extra uterine pregnancy, prove that it is a production of the womb, and that, although the placenta afterwards forms adhesions with it, it ought never to be considered as forming a body with it—as constituting its uterine portion. There is, then, in reality, no uterine placenta, as has been hitherto described. The placenta is only composed of the successive divisions of the umbilical arteries on the chorion—arteries which, having arrived at the extremities of the villous portions which cover it, are reflected back on themselves, to give origin to the veins; the trunk which results from their re-union, is the *umbilical vein*. These vessels of the placenta have no direct communication with those of the deciduous membrane; the one set has never been able to be injected by the other.

On examining with care a placenta still covered by the deciduous membrane, it will be seen that these two parts are united among each other by a multitude of small transparent vessels, which pro-

* Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, Vol. I. p. 91, c. 6.

ceed from the one towards the other. These vessels can neither be injected by those of the placenta, nor by those of the membrana decidua; but a very fine tube introduced into either, allows at one time the vessels of this membrane, at another those of the placenta, to be injected. From this it follows, 1st. That the vessels are of two orders, the one belonging to the decidua, and consequently to the uterus, and the other to the placenta; 2d. That these are not blood-vessels; and, 3d. That these terminate, the one in the blood-vessels of the membrana decidua, and the other in those of the placenta, by orifices provided with valves, which impede their being injected from behind. The vessels of which we have been speaking, are evidently nothing more than minute lymphatics, the character of which they completely possess. As to the cells which have been described by some as between the uterus and the placenta, I have never been able to discover the slightest trace of them. As it is now proved that there does not exist any direct communication between the uterine vessels, and those of the placenta, and as the existence of cells in which the blood may be effused cannot be discovered; the only communication which we can therefore admit between the mother and the fœtus, is that by the lymphatic vessels, which we have described above, and of which part ends in the vessels of the placenta, and the other in those of the deciduous membrane, which are themselves only prolongations of the uterine vessels. These lymphatics, which terminate in the bloodvessels of one of these organs, appear to be connected at their origin with those of the other; and in this way, those which arise on the uterine vessels, and terminate in the vessels of the placenta, extract from the blood of the mother the materials susceptible of entering into the composition of the blood of the fœtus. This blood is eliminated and accommodated to the necessities of the fœtus in traversing the liver, where it appears to take on the arterial character; on the other hand, the minute lymphatic terminations connected with the vessels of the placenta end in the uterine vessels, and serve to secrete from the blood of the fœtus the materials which can no longer be of use, or which might become injurious to it, in order to pour them into the venous system of the mother.*

* Recent microscopic experiments have shown, that the globules of the blood of the mother do not resemble those of the blood of the fœtus; in the former they are spherical, and in the latter elliptical. For this observation we are indebted to M. Prevost of Geneva.—*Vid Bulletin de la Societe Philomatique*, 1825.—Ed.

Therapeutics.

*Antiphlogistic and Revulsive Treatment in Erysipelas of the Face, adopted at the Hôpital de la Pitié.**

In this article several cases are mentioned of erysipelas of the face, in which the antiphlogistic treatment was successfully adopted. In these cases the opening of the saphæna produced a remarkable effect, which supports the opinion advanced some time past, that bleedings from the inferior extremities act more directly on the cerebral organs. Local bleedings ought to be employed at the same time in the generality of cases; they should be employed alone if the patient presented a small irregular pulse, and one below the natural standard. In all the patients, with one exception only, who were attacked with a true gastritis, leeches had been applied in the course of the jugular vein. But is this the most proper place? Our results appear to answer in the affirmative, nevertheless it is not admitted in principle by all authors. In the journal of M. Broussais for March 1825, there is a paper in which the application of leeches to the neck is styled a vicious practice, which constantly produces bad consequences. In erysipelas of the face Chaussier advised the leeches to be applied to the nostrils, because the abundant epistaxis which they occasion produces an immediate dislodgment of blood, and this appears extremely natural.

Purgative Oil.—M. Bally has made some clinical researches on the action of the oil of the *euphorbia latyris*, extracted by means of alcohol or expression. The oil obtained by the last mode appears to have the most power. Given to fifteen persons of different ages, it did not produce vastly different effects, nor cause a great number of evacuations. The purgative action is, indeed, inferior to that of the croton oil; indeed the dose requires to be doubled. It has sometimes the fault of exciting sickness, and consequently of being rejected; it has not, however, the disadvantage of producing salivation, as croton oil frequently does. M. Bally considers this medicine as an useful purgative, and convenient for children, particularly if the oil be fresh.—*Gaz. de San.*

* Archives Generales, April.

Resurrection.—M. Antoine Pitarro, Doctor in Medicine of the faculties of Paris, Naples, and Salernum, relates the following fact: An officer who had taken part in the Neapolitan revolution, was arrested by the orders of the celebrated Admiral Nelson, and having been transported to the island of Ischia, was there sentenced to be hung, and, after the execution, his body was deposited in a magazine. The victim was left unheeded in this place during twenty-four hours, when a young Neapolitan surgeon, well skilled in the physical sciences, passed by, and observed that there were certain signs such as to encourage a trial to bring him to life. He resolved to make it in submitting him to the action of the galvanic pile. After making the necessary preparations he galvanized the body, and had the inexpressible joy of producing organic movement and kindling the vital flame. But, alas! the admiral was informed of this extraordinary fact, which had been regarded by the inhabitants of the island as a miracle—the officer was again executed, together with *the surgeon who had thus endeavoured to rescue a miserable victim!!*—(*Ibid*, 15*th May*.)

DR. HOPE AND HIS LECTURE

TO THE

LADIES OF EDINBURGH

THE fifteenth day of February of the present year will be long considered a remarkable era in the history of the modern Athens. For the first time, we believe, that any thing of the kind has been attempted in Europe, the splendid portals of the University of Edinburgh were thrown open to the fair sex, and they were permitted to approach the pure fountain of science, and sip a little of its refreshing streams. On that memorable day Dr. HOPE, the Professor of Chemistry, commenced a popular course on that fascinating subject. That learned lecturer has been long celebrated for his oral instruction, but still more famous for his showy experiments exhibited to the grown-up children of the male sex, whose admiration and wonder have been often excited by his Breslaw or Boaz-like dexterity.

Last year his excellent friend and able colleague, Mr. Leslie, condescended to withdraw his attention for a little from his profound speculations on radiant heat, or from the study of the Hebrew language, in which he is so deeply skilled, and astonished the ladies with the wonderful powers of the magic lanthorn and the solar microscope, and while they were glowing with admiration, he cooled their ardour by producing, in a moment, a mountain of ice. Pondering on this extraordinary feat, the learned Professor of Chemistry determined to enter the list of honourable rivalship; and having consulted his honourable patrons, the Lord Provost and Magistrates, on the propriety of this plan, received their unqualified approbation, and announced his intention to the citizens at large. By the way, is not this a direct acknowledgment of the right of the Magistrates of Edinburgh, as patrons of the University, to regulate its affairs, a subject in course of litigation, we understand, in the courts of law, and to which we shall probably soon direct our attention.

The news of the proposed lectures flew on the wings of the wind; and the ladies were delighted to find that they were on the eve of emancipation, and were to be entirely relieved from the antiquated shackles, almost indeed corroded with rust, with which they had been long fettered. Dresses, parties, and balls were no longer heard of; the tongue of scandal was silent; chemistry, chemistry and *Hope*, was in every one's mouth, and to be admitted within the walls of the famed University was quite ravishing! The long expected day at last arrived: coaches and chaises, gigs and curricles, were all in requisition. Prince's street, the fashionable winter promenade of the beaux and belles of the modern Athens, was deserted; the shops of the milliner and silk mercer were abandoned; the voice of the auctioneer was addressed to empty benches, and the strokes of his hammer resounded from the walls of a vacant room. Attracted by the novelty of the exhibition, a dense current of vehicles was seen flowing from North to South before the hour of two o'clock; and as they drew up before the noble portico of the College, and attempted to enter it, what was their surprise and astonishment to find that admission, by the usual approach, was refused; and being ordered to move round to the South side of the edifice, their surprise was not diminished when it was perceived that they must enter the seat of learning by a *window*. Stare not, gentle reader, the world of gaiety and fashion entered by a window to hear Dr. Hope's first lecture, to which the fair sex was admitted. "Gracious me!" said a Miss, who had read her Bible, "the students of divinity will positively

style us thieves and robbers, for we enter not by the gate." "The poets," says another, "will write *epitaphs* upon us." "Epigrams, you mean," says her brother, a young advocate. "O yes, I do, Jack, but they are both the same." "La, mamma," says a third Miss, "what are all these men with great sticks for?"—"They are constables and police officers stationed there to keep order." "O dear me! I am so frightened; is there to be a riot?"

The access to the notable window was over a thick layer of rubbish of stones. But who could complain of so slight an inconvenience, when a similar fate awaited his Majesty, when he was expected to grace with his presence the half-raised walls of the buildings of the College, during his visit to the northern metropolis—an honour which our gracious Monarch, to the disappointment of the favoured few, chose to decline. The first step from the said rubbish was to the stone parapet, from which three or four wooden steps led to the famous window sill, on which was stationed the college porter, in his full-dress paraphernalia of blue and red, with his gigantic, gold-laced, cocked hat, and huge caduceus of authority. This dignified personage was supported by a strong detachment of class and college servants, and a *corps de reserve* of police officers; and through this train the company, to the number of 500 or 600 at least, made their way to the scene of exhibition.

We need not tell our readers, that so imposing an assemblage of beauty, rank, and fashion was surveyed with a most complacent smile by the learned Professor, and his inward satisfaction appeared in the expressive language of one of his most graceful bows. The lecture commenced in the usual style, showing the paramount importance of chemistry, and proving to demonstration, that it is impossible to pass through life without a knowledge of that science. So strongly was a lady, a friend of ours, convinced of this, that she has never since ceased to wonder how she existed so long in such deplorable ignorance, as not to be able to account for the boiling of her tea-kettle on Dr. Black's principles, or why a polished silver tea-pot retains the heat longer than one of china or stone-ware, according to Mr. Leslie's discovery of the radiation of heat; and yet many a comfortable, though unchemical, breakfast have we enjoyed in her snug parlour, improved, no doubt, by her varied knowledge and enlivened by the charms of her conversation. But let it not be supposed, that in detailing such remarks, we intend to disparage chemical science—a science of universal application in the exposition of the phenomena of nature and art. To expect any solid advantage from the study of chemistry, we must explore its depths, and not satisfy ourselves with fluttering a little on the surface. The shallows and sandbanks of the ocean are useless or destructive to the mariner; through its depths only commercial intercourse is promoted, and there too is the pearl of great price found.

The experiments in the first lecture, and indeed throughout the course, obviously selected with great care, *ad captandum vulgus*, could not fail to astonish, as much as any striking procession, the operation of nature or art, of the steps of which we are ignorant, is calculated to produce. We have often observed, that lecturers on chemistry, and we include the learned professor among the rest, seem much disposed to throw an air of mystery, we had almost said quackery, over their experimental exhibitions. Two cold liquids, for example, are mixed together, and a violent inflammation is the result; the one is called A and the other B. Nitrous acid and spirits of turpentine would not have required much more time to pronounce, and these names would have communicated some information. Two other liquids, of which A and B are the mysterious representatives, are mixed together, and the product is a solid white substance, while an acrid gas escapes; but muriate of lime and sulphuric acid are not once heard of. A and B are again the magical names of chlorine and ammoniacal gas, which are brought into contact, and with the extraction of a brilliant flame, muriate of ammonia, a white salt is deposited. The Doctor, as well as some other lecturers we could name, has been long distinguished by this mystical exhibition, although we might venture to assure him, that a little more plainness would be equally agreeable, even to the uninitiated student. To the more advanced it would be far more instructive. We may just add, that the same fashionable and crowded audience that graced the first lecture, continued their attendance to the conclusion of the course, about the beginning of April.

Of the expediency, utility, and dignity of lectures of this description, within the walls of a seat of learning of such reputation and stability as the University of Edinburgh, various and discordant opinions have been agitated and discussed. While some approve of the scheme as liberal and generous in diffusing knowledge to all ranks and sexes who can pay for it, others are no less strenuous in as-

erting that it degrades science to dole it out in paltry morsels, without the chance of communicating any benefit to those who choose to swallow them. The object to which the profits of the course are destined, has been also a subject of critical remark, and *within the precincts of the modern Athens*, it is held out that a fund is to be established for the purpose of providing premiums for Essays on Chemistry. Some have even ventured to hint that the Doctor's splendid income, annually exceeding 2000 guineas of clear gain, might afford a couple of prizes of twenty guineas each for a similar purpose without any great encroachment on his private treasury. We have just learned that the sum of 700*l.*, the amount of the profits of twenty-four lectures, is placed at the disposal of the Senatus Academicus, for the purpose just stated.

But we would consider this subject in a more important point of view; and ask, is it not reasonable to expect more substantial benefits to flow from a seat of learning, which lays claim to such high reputation, and looks down with sovereign contempt on every kind of information, however extensive or profound that is extra-academical—a seat of learning which has been accommodated with a magnificent edifice, at an enormous amount of public money, not always expended, it is alleged, with the greatest prudence or the strictest economy—a seat of learning which enables the teachers to replenish their pockets annually, for a course of lectures of five or six months' duration, with the splendid incomes of one thousand guineas, and from that sum to two thousand guineas and upwards? Is it not reasonable to expect that those who enjoy such magnificent endowments, and for whom the nation has provided such ample and elegant accommodation, should dive a little into the depths of science, and take some share in the drudgery of research? Or are we to understand that laborious investigations and experimental inquiries are unbecoming the dignity of an academical chair, and are to be totally abandoned to the voluntary adventurers in the field of fame, unsupported by any other means than genius and industry? The individual who now fills the chemical chair in the University of Edinburgh stands precisely in this predicament. What has Dr. Hope, the immediate successor of Dr. Irwin at Glasgow, and of Dr. Black at Edinburgh, names of such imposing influence, as might have raised emulation in the dullest and least ambitious spirit, to catch a portion of their fame? What has Dr. Hope done to promote the science he has been engaged in teaching for nearly forty years, and from the profits of which he has most assuredly accumulated a very handsome fortune? We believe we are quite correct in asserting that he has never printed, for the use of his students, even the slightest syllabus of his lectures, that they might have before them the progress of his course and might know the particular subject to be treated each succeeding day. To the literature of chemistry Dr. Hope has contributed nothing. But is it not a most unaccountable circumstance that no elementary work on chemistry, not even of the shortest description, has yet emanated from any University of the United Kingdom. Dr. Thomson, of Glasgow, may seem an exception; but let it be recollected, that the system of chemistry of that author had passed through many editions while he was a private lecturer at Edinburgh, and long before he was admitted within the walls of the University. It is not a little amusing to hear Dr. Hope in what may be called his recommendatory lecture, announcing the works of Davy, Thomson, Henry, Murray, Millar, Brande, and even the patch-work productions (and sad patch-work they are) of a manufacturer, of our own metropolis, but not the slightest hint of a text-book of his own, or, as we have already said, a tabular arrangement of the subjects of his course. As far as we can recollect, the whole extent of Dr. Hope's literary labours in chemistry is limited to a memoir on the properties of strontian earth, the discovery of which, we understand, he and his friends claim as an honour due to himself; but we know that the honour of that discovery must be shared with Kirwan and Klaproth, who were engaged at the same time in conducting the analysis of the same mineral, and yet, strictly speaking, the real discoverer of strontian is the late Dr. Crawford, who pronounced the mineral which contains it to be distinct from carbonate of barytes with which it had been confounded, sent a specimen for examination to Mr. Kirwan; a memoir on the curious subject of the maximum density of glass, not very satisfactory or conclusive; and a slight examination of the water of the Crawley spring, in which he is wrong, as any manufacturer in Edinburgh who uses the water, where any chemical process is concerned, can tell him.

To what then is to be ascribed this seemingly lukewarmness in the cause of a science of such deep interest and of such varied application? Can it be owing to, frigid indifference, to nerveless indolence? or to any marked defect of literary talents In all these cases has not the public, afte

contributing so largely as a nation, and not unhandsomely in the form of fees as individuals, much cause to complain that so little has been done within the walls of the University of Edinburgh for the last 30 years, to advance the science in whose splendid march many a sturdy pioneer, perhaps himself unaided and unsupported, and having submitted to the laborious drudgery of clearing the path and smoothing the ruggedness of the road, along which the less enterprising traveller moves at his ease, beholds his titled rival crowned with laurels, and loaded with the more solid benefit of an annual income of 2500*l.*?

Beside the usual courses of lectures delivered at Edinburgh during the first three months of summer, Dr. Graham has announced a popular course on botany, and Mr. Leslie another of a similar description on natural philosophy. In a future Number, we may perhaps offer some remarks on both courses.

Conversion extraordinary of the Royal College of Physicians at Edinburgh into a Soho-square Bazaar.

THE splendid hall of the Royal College of Physicians in George-street, was opened a few weeks ago, under the auspices of that learned body, as a Bazaar, in which was exhibited an extensive and varied collection of children's frocks, work-baskets, fire screens, caps for dress and undress, child's dolls, pincushions, confectionary, and numerous other articles suited to the taste or agreeable to the palate of an immense crowd of every rank, sex, and age, which the novelty of the scene had attracted to the spot. A brisk sale continued for some hours, and we understand that the whole stock was bought up.

It ought to be mentioned that the productions of this Bazaar were the fruits of the ingenuity and industry of some benevolent ladies, who assigned not only the profits, but the whole value of the articles to some charitable purpose. Some of our readers on this side of the Tweed, and especially the metropolitan elder brother of his northern relative, may perhaps be surprised at this singular exhibition, and consider it as an undignified and unbecoming condescension of the Æsculapian corporation of the modern Athens, nay, even regard it as an absolute profanation of the temple of Apollo. But they know not that the same hall is occasionally converted into a green-house, and presents a grand display of heaths and roses, the same table groans under a load of apples and pears and grapes, which the horticultural society beg from their members to grace their dessert; or is covered with implements of husbandry and specimens of early potatoes. A friend of ours who attended the Bazaar declares that when he retired to a corner in a fit of moody contemplation, he beheld the memorable shades of Hippocrates and Galen burst from their huge folios and with marked displeasure look down from the gallery on the motley crowd below, engaged in rites so little suited to the solemnity of the place; while another assures us that the busts of Monro and Rutherford seemed to express strong disapprobation, and that of the supra-octogenarian Duncan appeared to twist the features into a doubtful grin.

MEETING OF THE TRUSTEES OF THE HUNTERIAN MUSEUM.

His Grace the DUKE of SOMERSET, in the Chair. *Trustees* present, LORD COLCHESTER, GILBERT DAVIES, Esq., Dr. RAMADGE, Dr. ELLIOTSON, Dr. AGER.

Dr. RAMADGE opened the proceedings of the meeting, by observing, that he was more particularly induced to intreat the trustees to exert all their influence in causing the Museum to be more frequently open for inspection, at the present period, as he was convinced that anatomical, and consequently every other department of medical science was likely to decline rapidly in this country, since the promulgation of the new bye-laws of the Court of Examiners, concerning teachers of anatomy, whereby that branch of knowledge was for the future to be confined to the families of the teachers of anatomy at present in the Court of Examiners, and to a few Hospital Surgeons, who, it was well known, generally obtained their situations by interest, and not by merit. This circumstance alone proved the necessity of throwing open the museum to the profession, and the absurdity of the restrictive regulations which the Court of Examiners would induce us to believe were solely formed to promote what they, in their wisdom, called *sound chirurgical knowledge*. But when it was remembered that these regulations were framed by the four teachers at present in court, we may fairly suspect that *weightier* reasons than pure

love of sound chirurgical knowledge dictated laws which confined the honourable and profitable office of teaching to their own relatives and apprentices. When the present private teachers of anatomy, many of whom were men of acknowledged talent, ceased to exist, their successors, however competent to the task, were not to be acknowledged by the court, and the instruction of the hordes of medical pupils which annually flocked to London, was to be confined to about five Hospital Surgeons, who in consequence of the reputation, and consequent practice, acquired by their offices and their other numerous avocations, could not give the time necessary to the instruction of a numerous class of pupils. Whereas private teachers devoted all their attention to this branch. The number of students in London annually increased, was it therefore consistent with common sense to suppose, that in proportion to this increase, the number of teachers should be diminished, by which means it would result that, in the crowded classroom, only the few who were near the lecturer could benefit, or see the dissected parts? Was it consistent with common sense to suppose that these few Hospital Surgeons always possessed the qualifications necessary in a lecturer? or if they did possess them, where they had no competitors to fear, but men like themselves, the necessary consequence of this want of competition would be carelessness and indifference on the part of the lecturers, except as far as their pockets were concerned. For my own part, said Dr. Ramadge, I do not believe, for a moment that the promotion of sound chirurgical knowledge ever entered the minds of these law-givers of the surgical profession, and I have never met an individual, medical or non-medical, who did not consider with me that the said regulations were dictated by the most sordid avarice and illiberality. It had always been a matter of surprize to Dr. R. that although the members of the College and several Hospital Surgeons had strenuously opposed the new laws, yet no effectual means had been taken to cause their abrogation.

The Duke of Somerset and Lord Colchester entered warmly into the views of Dr. Ramadge, respecting the Museum, but, as mere trustees, they could not interfere with the other regulations of the Court of Examiners, however convinced they might be of their tendency to retard the progress of medical science. They were reminded by Sir Everard Home, that a bond existed between Government and the College, which specified, that the Museum should be open for four hours two days in the week. Therefore, the trustees possessed no power of throwing it open oftener than was expressed by the board. He wished the trustees to leave the management of the Museum to the curators, who best understood in what way it might be rendered most serviceable to the profession, and proposed to call in the curators who were in attendance in an adjoining room, and consult with them on the subject. Dr. Elliotson particularly objected to this proposal, alleging that as the curators had not complied with the terms of the bond, their presence and advice were quite unnecessary until some final resolution was entered into, respecting the future better management of the Museum by the trustees. He had lately visited a considerable number of the most celebrated medical schools of France and Germany, and mentioned particularly the liberal manner in which the Museum at Berlin was conducted, which he contrasted with the narrow-minded and interested policy of the curators of the London College, and that not less distinguished and scientific body, the Court of Examiners. He had not the slightest doubt but that a most useful catalogue might be formed in the course of one year, and that if Mr. Clift's time was so precious, he did not think his elucidations so necessary to members who, possessing a diploma, were supposed to be sufficiently acquainted with the subject. The funds of the College were ample enough to employ the requisite number of assistants to form the catalogue.

Dr. Ager made some observations on the general wish expressed by all classes of the profession, to avail themselves of the munificent donation of Parliament, and on the conduct of a few self-elected individuals who sacrificed every scientific consideration to their own emolument.

Lord Colchester having expressed his astonishment that the terms of the bond had not been fulfilled bythe curators, proposed the following resolutions:—That the Museum be opened for four hours two days in the week throughout the year, in strict compliance with the terms of the bond, and that if the members of the Colleges of Physicians and Surgeons expressed to the trustees their desire of a more frequent admission, they would then do all in their power to meet the wishes of those two bodies of the profession. This was immediately agreed to.

The Duke of Somerset, and Gilbert

Davies, Esq., alluded to the hitherto passive conduct of the trustees, and declared that they had been deceived in the most shameful manner, by the promises of the curators, whom they now found were men not at all to be relied on, and proposed that they should be called in to receive the instructions of the Meeting.

The curators, Sir Astley Cooper, Sir Anthony Carlisle, Mr. Cline, Hr. Norris, Mr. Abernethy, and Sir William Blizard, were severally introduced by name to the trustees, and being informed that they might sit down, Sir W. Blizard, as chairman of the curators, addressed the Meeting—Most noble-minded and *permanent* trustees, on behalf of myself and fellow curators, I beg to assure you that all our endeavours have for many years been directed towards the advancement of the science of surgery, and the profession has gratefully acknowledged the result of our labours. A few, I say a few, discontented and interested persons have dared to question the purity of our motives, and the success of our labours. But it is for you, noble-minded and permanent trustees, after having considered the time we have devoted to the Museum, and the great expense we have been at to bring it to its present high state of perfection, to judge how far we have merited the reproaches which have been cast upon us. You will all agree that we, who have so long and so carefully preserved the Museum, are best calculated to judge of the manner in which it ought to be exhibited. When you consider the dust that is raised, and consequent injury to the preparations at each admission of the members, I have no doubt you will think with me, that the Museum is already too easy of access.*

Notwithstanding all we have already done for the profession, we contemplate doing still more for their benefit, and it is our intention to continue in the course we have adopted for so many years, and which, on many accounts, we have found to succeed so well. The worthy Knight was here interrupted, and informed by one of the trustees, that for the future, they would save the Board of curators part of their trouble, and that they had already entered into resolutions to that effect. Mr. Abernethy next addressed the trustees.—He informed them that after the comprehensive and enlightened view which had been taken of the subject, by his indefatigable and scientific colleague, Sir W. Blizard, very little was left for him to say. He had himself assisted Mr. Clift in preparing the catalogue, and arranging the preparations, and could bear testimony to the unwearied exertions of that gentleman. He was a highly-gifted man, but at the same time most whimsical and must be allowed to take his own way and time. As to the reproaches which had been cast on the legally-constituted authorities of the College, it was useless for him to say they were unfounded, as would be apparent to every unprejudiced mind, by a perusal of the "refutation" lately published by the Council. Lord Colchester here observed, that as to the discontent displayed by the members of the College; he thought that the fact of a separate entrance for the Members and the Council was derogatory to the character of men of a scientific profession. The resolution which had been agreed to by the trustees was now read to the curators, and they were requested to put it into execution. Sir W. Blizard, previous to the departure of the curators, expressed his astonishment at seeing proceedings which had taken place within the walls of the Royal College, reported in *that infamous work* "THE LANCET."

After the departure of the curators, a trustee regretted that Mr. Clift had spent his time in writing, in a copperplate hand, extracts from Mr. Hunter's notes, and feared that very little reliance could be placed on the curators, whose want of sincerity was now placed beyond a doubt, and therefore proposed, that at their quarterly meetings, the report of the progress made in the catalogue, should be read before them, and that the curators should be required to state what length of time they supposed would be requisite to complete it. Agreed to. Sir E. Home retired on the introduction of the curators *at an opposite door*.

* However ludicrous these words may appear, they are precisely those which issued from the Ductus Communis Choledochus of the irritated Knight. *Permanent* trustees, in contradistinction to trustees ex officio. This was evidently as a mark of disrespect to the censors of the College of Physicians who have so nobly exerted themselves in the cause of the members of the College.

LONDON OPHTHALMIC INFIRMARY, MOORFIELDS.

Dr. Farre, the physician to this Institution, having announced his intention of delivering a lecture on Morbid Anatomy, prior to the celebration of the Anniversary, (the introductory lecture of a course which he is going to give on the same subject,) several professional men of the highest eminence, as well as students attending the practice of the institution, assembled at Moorfields, on the 31st ult., at four p. m., for the purpose of being edified by the doctor's discourse. Morbid anatomy, however, formed a very small part of the lecturer's subject, merely the commencement and termination, the intermediate part being occupied with an attack on materialists and an account of his own affairs. The doctor began by speaking on the pathology of absorption, and the necessity of sustaining the balance between the absorbent and aortic systems in extreme cases of disease, but soon left these topics to diverge into the most extraordinary strain we ever heard. He told us that hydrocele was common in hot countries! Mr. Spry, of Charterhouse-square, had saved his life! he had once the honour of being a surgeon! that Linnæus had termed the palma maxima the prince of the vegetable kingdom! and life was more than structure! At the mention of the word life, the doctor paused for an instant, but soon recommenced with increased pathos: "Mr. Travers," said he, "has lately pub'ished an excellent book; he has presented you with a work worthy of himself; but Mr. T., in his definition of life, has been obliged to go back to J. Hunter's definition, and Hunter was compelled to go back to Moses, where he says, (Levit. ch. xvii. v. 14,) 'For it is the life of all flesh, the blood of it is for the life thereof'." Then followed quotations from Luther's Discourses, the Bible, Sydenham, and Spurzheim's lectures, all jumbled together, and only showing in what a ridiculous manner the most sacred subjects can be treated by ridiculous persons. The doctor styled the German school a cursed one, and Edinburgh the worst (in reference we suppose to materialism) to which a man could go. We then had portions of Spurzheim's Lectures on Conscientiousness, taken by the doctor some years ago, when he exclaimed, "Gentlemen, I have merely written in my diary opposite to this, the word—Materialism!! A gaze of astonishment being excited in the whole assembly, the doctor rose from the seat which he had been occupying, and exclaimed, with a loud voice, "This is no new thing for me, I have been engaged in the battle against these materialists for more than twenty years, and whilst at Edinburgh, twenty-two years ago, I rescued from the brand of materialism a young man (Dr. Jones) whom I am proud to have made a physician. He had been corrupted by the philosophy of Reid, which was then exerting its pernicious influence." At another part he said, "I call these philosophers 'acephali,' not because they have no heads, but because they would deprive the world of the fountain of all good, they would, as it were, decapitate nature. The prophet Elijah * knew the difference between the works of the Almighty and the Almighty himself, when he said, "a great and strong wind rent the mountains and brake in pieces the rocks before the Lord, but the Lord was not in the wind; and after the wind an earthquake, but the Lord was not in the earthquake; and after the earthquake a fire, but the Lord was not in the fire; and after the fire, a still small voice."

After topics of this nature, the doctor informed us, that he could never bear a ring on his finger! that people at the age of fifty are obliged to wear spectacles! and that Mr. Longman had declined publishing any more of his plates if the next fasciculus was not likely to be more productive than the last! At first the company, although astonished at the doctor's observations, treated them with an air of ridicule, but as the doctor proceeded, there was not an individual present who did not blush to see a man, holding a certain rank in the profession, disgracing himself, and consequently the profession to which he belonged.

The Doctor informed us, that he had, a few years ago, delivered a course of lectures on the gastric system as applicable to ophthalmic medicine, but he conceived, that to cultivate medicine successfully as a science, we must do like Harvey and Hunter, begin from the cardiac system, and work out those materials on which they had only touched. "Some people think," continued Dr. F., "that by telling patients to take so many ounces of food, and lie down after dinner, by ordering a blue pill every other night, and an aperient draught the following morning, looking at the tongue and the stools, that every thing is done; such persons would render the practice of medicine extremely easy, and if this were really all, where would be the

* 1 Kings, ch. xix. v. 11.

use (turning to the students) of putting your friends to such vast expence, and coming to London to learn that which any tyro in the profession can learn in a day. No, it is from the cardiac system, we must commence a system resting on the absorbent, supported by the cerebral, and modified by the sexual systems, which must form the ground work of our labours. It is from this Baillie (opening his plates) began, and here I cannot avoid mentioning, how much it is to be regretted that, instead of a small part of the profession contributing to the erection of a monument to this illustrious individual, the whole did not come forward at a guinea each, or a still smaller sum. I do hope, however, that the College will take a hint that has been given to it, and let the world have a cheap edition of his plates. Although Baillie contributed much to the advancement of pathological anatomy, I have in the portfolio on the table (and I mention it only to show that I have not been inactive during my life) more drawings of parts worked out by my own labour, than Baillie has given us from his own collection, and those of the two Hunters. On the other side, it is my wish, Gentlemen, to be enabled to give them to the profession in as cheap a form as possible; but this plate (showing it) which I had intended for the next in my work, cost me thirty-six guineas, a price which renders it impossible to publish them so cheap as I could wish. I shall publish weekly a journal on morbid anatomy, and have spoken to proper persons for editing it, it being only in my power generally to superintend it. It is my intention with this journal to publish a fasciculus of lithographic plates on morbid anatomy, together with the letter-press, containing the descriptions, and in so cheap a form, as to render it within the means of every person in the profession to procure them. There has been erected, at my recommendation, a small theatre at the back of this institution, for the purpose of carrying on minute anatomical dissections, particularly the anatomy of structure, and to which those only would be admitted, who were already in some degree anatomists. As in the temple of the old philosopher, over which it was written, No one could enter here who did not know geometry, so he should have for inscription in this theatre, No one could enter here who did not know anatomy." After a curious comparison between the situation of the two buildings, and some observations on the impropriety of treating the remains of the human body with indecency, the Doctor exhibited some plates of disease of the heart, viz. of contraction at the ostium arteriosum, and dilatations of the aorta, and informed us, that in the first number of his new journal, the time would be stated when the lectures would be resumed.

It is, perhaps, but justice to Dr. Farre to state, that he confessed he had spoken unprepared, and without his notes, which, in our opinion, were the worst of all excuses for his extreme folly.

The *Anniversary* of this Institution was held at the *Albion Tavern*, Aldersgate-street, on Wednesday, the 31st ultimo. William Mellish, Esq. in the Chair, supported on his right by Mr. Byng, and on his left by Mr. Whitbread, the members for the county. It was announced that dinner was to be on the table at half past five o'clock, but it did not make its appearance till a quarter to seven. Upwards of a hundred of the most respectable medical men and merchants sat down to dinner, which was well provided. Amongst those present, we noticed Drs. Babington, Farre, and Gooch; Messrs. Guthrie, Lawrence, Stanley, Travers, Tyrrell, &c. After dinner, several songs were sung by vocalists engaged for the evening, and but for the affairs of the Institution, very little of any interest took place.

Dr. Farre, in another precious speech, addressed the Chair. He first directed attention to the sum contributed and accumulated for the benefit of the Institution in the course of the last 20 years, which was 21,824*l.*, by which 60,255 out-patients had been enabled to have medical aid, out of whom 50,592 were estimated to have been cured, as well as 525 in-patients cured of cataract, or closed pupil, including 104 born blind. The Institution was only in debt to the amount of 100*l.* payable in the present year; that sum had been advanced by Dr. F.'s own father-in-law, and he, Dr. F., had paid the sum, and to him it now remained due; but of such infinite importance, fraught with so rich blessings to society at large, and particularly to the poorer class, did he consider the London Ophthalmic Infirmary that from that moment it was to be considered entirely out of debt, as, in addition to what he had done before, he presented the Institution with that 100*l.* There was an honour belonging to St. Thomas's Hospital, which none of our other Medical Institutions could boast of. History, sacred or profane, did not furnish an instance of a person born blind having been cured, since the working of the miracle by Christ, until it was done by Mr. Cheseiden, surgeon to St. Thomas's

Hospital, who restored a youth to sight at the age of 14, who had been born blind, and it is a curious fact, that he could never see his benefactor without shedding tears. Mr. Saunders, too, did what Mr. Cheselden did not, he founded the school for the cure of the blind; he did more, because he extended the cure to infants born blind, at the age of two months; he likewise taught the science to all the profession so perfectly, that a pupil might be taught in three months how to perform the operation successfully on a child who had been born blind. It was contrary to all correct and philosophic notions to suppose, that any thing happened by chance; and extraordinary it was, that in the self-same year in which the Society for distributing the Scriptures throughout the world was instituted, by a different class of persons, without any communication between the parties, the London Ophthalmic Infirmary was formed! And by communications from Mr. Richardson, the superintendant of the Eye Infirmary at Madras, it appeared that the benefits of the London Institution had been extended to above sixty millions of people, and were likewise spreading throughout South America, and various other parts! Dr. F. then lamented the distresses of the times, not only as affecting the highest merchants in the kingdom, but the whole of mankind at large. He depicted with much energy, the lamentable plight of the Spitalfields weavers, and expressed his perfect confidence that, unless some great exertion was made to relieve them in the course of the summer, as the winter approached, their distresses, afflictions, and diseases, proceeding from want of proper food, clothing, and domestic comforts, would be unprecedented and inconceivable, and therefore he urged the absolute necessity of diligence in their aid. Their distresses he had been an attentive eye-witness to, in the course of his walks. There was one thing more the Meeting ought to be apprized of. It had been agitated some time ago, that a bust and monument should be erected to the memory of Mr. Saunders. *Mr. Chantrey* had commenced the making of the bust, which he had said ought to cost 200 guineas, but as Dr. F. had mentioned it to him some years ago, and as it could then have been made at 120 guineas, Mr. C. had promised to furnish it now for that amount, and which he Dr. F. himself would pay. (*Hear, hear.*) There was, however, the monument on which that bust was to be placed, and for the erection of which, any gentleman, so disposed, might subscribe. Dr. F. concluded by exhorting to a strenuous and continued exertion in aid of the London Ophthalmic Infirmary.

Mr. TRAVERS could with truth say, there was no charitable institution in this metropolis, in his opinion, of the intrinsic value of the London Ophthalmic Infirmary. His friend Dr. F. had placed them in some dilemma, which was to be attributed only to the ardor and zeal with which that gentleman entered into any thing and every thing that had charity for its object: (*Hear, hear.*) He had brought before the meeting the disappointments of the mercantile world,—he had described the sufferings of the Spitalfields weavers, and then, (with what consistency Mr. T. did not know,) he called upon the meeting to alleviate the woes of the latter. Whatever weight such an appeal ought to have on the feelings of every gentleman elsewhere, yet it was of vital importance to recollect that the immediate objects of every charity should be kept apart, and that the exclusive objects of the present meeting were those connected with the London Ophthalmic Infirmary.

Dr. BABINGTON was also a firm friend to this Institution, and felt perfectly convinced, that persons better qualified to discharge the duties attached to this Infirmary could not be found in the world than the medical officers appointed to attend to it.

Mr. TYRRELL—One of the medical officers expatiated on the utility of the Institution. A few years ago, they were obliged only to admit into the house such as would submit to operations; subsequently an extended power had been put into the hands of the officers, by which they had been enabled to admit what patients they pleased, and to retain them as long as they saw a necessity for doing so. The officers were not only happy to see any gentlemen who felt disposed to become pupils, but any gentlemen whose time would not admit of their becoming pupils, to visit the Infirmary, and to have all the information imparted to them that it was in the power of the medical attendants to give.—(*Hear, hear.*)

Mr. BLAND, Mr. BYNG, Mr. WHITBREAD, and several other gentlemen, expressed their attachment to the Institution, their high satisfaction of the results of it, and their determination to go on doing the utmost they could in aid of a charity so much calculated to relieve the sufferings and add to the happiness of their fellow-creatures.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

PANTON SQUARE.

Hydrocele.

THIS case, and the following, were considered by Mr. Wardrop as examples of arthritic inflammation of the testicle; the inflammation in such cases appearing to affect the serous envelope of that gland, and being usually connected with gout in other parts of the body. They exhibit the good effects of the colchicum in arthritic cases.

William H., ætat. 45, a butler, was admitted into the Hospital with a pyramidal swelling about the size of an orange, on the left side of the scrotum; it was soft and elastic to the touch, and evidently contained a fluid. On placing a lighted candle behind the swelling, it appeared quite transparent, and the testicle could be distinctly felt at the posterior part. It was not painful on pressure, but gave much inconvenience from its size.

During an attack of hepatitis, two years before, the swelling came on very gradually, at the same time that the liver and testicle became affected; he complained of pain in his ancle joints. Was of a peculiar sallow complexion, and had all the characteristics of the leucophlegmatic temperament. The swelling had been punctured four times before his admission, and a transparent fluid discharged; an injection of two parts of port wine and one of water had also been once employed, but although it created considerable inflammation, the fluid again collected.

His bowels having been kept rather more open than natural for some days, a trocar was introduced into the vaginal coat, and several ounces of a yellow coloured serum drawn off. A solution of the sulphate of zinc was injected, the testicle having been previously ascertained to be sound. The injection was retained for four minutes, and created great uneasiness, both in the testicle, and along the chord. In the evening the whole scrotum, particularly the left side, was swollen enormously, as also the penis; the integuments were of a bright rose colour; the swelling seemed to arise chiefly from a watery effusion into the cellular membrane. He suffered most acute pain. Pulse frequent, and feeble. Took two grains of opium, and a draught, with ʒiij. of the sulphate of magnesia, and gtts. xx. of the vinum colchici. Cloths wet with the liquor ammoniæ acetatis were applied to the scrotum.

Next day he felt much better; had passed a good night, and the swelling was considerably diminished. Had the 2 grs. of opium and the colchicum draught repeated at night.

On the third night after the operation, he was restless and uneasy from a *bunion* on the right great toe, being affected with arthritic inflammation; the skin was of a bright rose colour, and tender to the touch. The colchicum draught was continued. Two days afterwards, the inflammation of the toe had almost subsided, and the swelling of the scrotum very much diminished. The testicle could now be distinctly felt. Continued to take the colchicum draught for eight days more, under which the scrotum continued to diminish, and his general health to improve. The draught operated on his bowels two or three times daily. He now left the hospital with directions to take the colchicum draught twice a-week.

Arthritic Inflammation of the Tes

James S——, æt. 69, a butler, March 26th.

The left testicle is swollen to the size of a turkey's egg, is harder than natural, but not very sensible to the touch. The form of the gland is considerably altered, being more flattened than natural, and somewhat of a triangular shape, with its base turned upwards. Immediately above the testicle, and in the course of the spermatic chord, there is a distinct tumour, of a pyramidal shape, soft and elastic to the touch, with an evident sense of fluctuation. This swelling is about the size of an orange, and extends from the top of the testicle two or three inches up the course of the spermatic chord. On both legs there are a number of purple blotches, which aroond the ancles run into each other, and give the skin a mottled appearance. There is also considerable œdema of the integuments. There are also a few similar spots on both arms. The integuments of the left hand, principally over the carpal bones and back of the hand, are much swollen, of a livid colour, and very tender to the touch. Is of a sallow complexion and has a foul tongue; bowels costive; pulse feeble.

States that about eight years ago he had a regular attack of gout in his feet, and a slight one in the wrist of his right hand three months ago, to which he paid little attention. This left him a fortnight

afterwards, when the testicle suddenly became affected with swelling and great pain, shooting up towards the groin. The swelling increased for ten days, when he applied to a surgeon, who punctured it and drew off about four ounces of a thin yellow serum. No injection was used. The fluid again began to collect, and at the end of a month the scrotum had attained its former size; it was again tapped and about the same quantity of fluid drawn off mixed with blood. The last operation gave much more pain, and he thinks the testicle was injured. The fluid has since gradually accumulated, but is confined to the upper part of the tunica vaginalis.

A fortnight ago he complained of great heat and pain of the legs during night, and in the morning was surprised to find them covered with purple blotches. The upperextremities became affected after the legs. Suffers considerable inconvenience from the œdema, which is increased on the least exercise.

Has always lived fully, and when a young man was in the habit of fishing a good deal, and having his legs wet with cold water. To remain in bed.

℞ *Subm. hydr.*
Pulv. antimon.
Ext. Rhei, āā gr. ij. *Ft. pil.*
to be taken at bed time.

27. The medicine has not operated; feels much the same.

Reptr. pil. as before.

28. The medicine has operated powerfully, and to-day he feels much better. The swelling and œdema of the extremities are very much subsided, and the skin is not of so bright a purple.

29. The purple appearance of the legs continues to diminish, but the swelling of the scrotum is much in the same state; bowels not open; tongue white; pulse languid.

℞ *Ext. acet. colchici*, gr. i.
Hyosciam, gr. iii. *Ft. pil.*
to be taken at night.

30. The pill which he took last night griped him very much, and prevented his sleep. Bowels very open; tongue still white.

Intermit the pill, and

℞ *Pil opii*, gr. i.
Subm. hydr. gr. ij.
to be taken immediately.

31. Feels better, and passed a very good night.

April 2. His bowels were freely opened yesterday by castor oil, and he feels quite comfortable to-day. The purple blotches on the legs have almost completely subsided; there is also a considerable diminution of the swelling of the scrotum, and of the integuments on the back of the hand; tongue much cleaner.

Repr. pil. c. ext. acet. colchici.
to be taken at bed time.

9. He has taken the colchicum pill every night since last report, and it agrees well with him. The legs are now almost of their natural appearance; the swelling and pain of the back of the hand have compleiy disappeared, and the scrotum is nearly of its natural size.

Fungus of the Testicle.

Stephen S——, æt. 27, a postilion. There is a fungous growth of the size of half a pigeon's egg, situated on the upper part of the left side of the scrotum. The scrotum itself is little swollen, but the testicle to which the fungus is attached is considerably enlarged, and hard and irregular to the feel. The spermatic chord is also somewhat hard and thickened. There is a discharge of a yellow puriform fluid from the surface of the fungus. He suffers little or no pain, and when the scrotum is suspended, he can walk about without inconvenience. General health good. Five months ago, after riding on horseback without a saddle, he observed the left side of the scrotum begin to swell and become hard, without giving much pain, this continued for three months without any perceptible change, during which period he continued to ride as postilion. Ten days ago a small scab made its appearance on the upper part of the swelling, which he picked off, and there was discharged a thin watery fluid. The fungus now began to shoot, and has since gradually increased to its present size. Has had the venereal complaint frequently, both in the form of gonorrhœa and chancre, and has used a considerable quantity of mercury. Leeches have been applied once to the scrotum, but without benefit.

March 13. A poultice to be applied, and

℞ *Subm. hydr.*
Pulv. antimon.
Ext. rhei, āā gr. ij. *Ft. pil.*
to be taken at bed time.

14. The poultice to be continued and to take five grains of the blue pill every night.

18. Has taken the pill for four nights, and begins to feel his mouth affected. The testicle and spermatic chord are considerably less swollen and much softer. The fungus also appears diminished; bowels regular; tongue clean; pulse natural. Discontinue the pill.

22. To-day the fungus was removed with the knife; the bleeding from the surface was trifling, a pledget of lint was applied, and two grains of opium were given. In the evening he was quite free from fever, and felt little pain in the part. Pulse quick, but soft.

28. There is now a free discharge of matter from the wound, in the centre of which a small soft fungus is springing up. Is quite free from pain. The wound is to be sprinkled over with the *alumen ustum*.

April 2. The new fungus has increased, although it has been daily covered with the burnt alumn. Health continues quite good. The sulphate of copper to be used night and morning, instead of the alumn.

On the 11th the fungus had diminished to the size of a pea, and the parts around were cicatrising rapidly. For the last two or three days the nitrate of silver had been used, instead of the sulphate of copper. The testicle was then much softer, and almost reduced to its natural size.

On examining the fungus removed, the exterior portion appeared to be a granular mass of a light red colour, whilst the central part had the appearance of a portion of healthy testis.

When it was much the custom to extirpate testicles, it was very common for surgeons to resort to that severe operation in cases of the above description. The true pathology of this affection was not understood, until Mr. Lawrence gave an account of it,* and pointed out the treatment which was adopted in the foregoing case.

Tumour of the Pericranium.

Arthur B., a seaman, ætat. 27. On the right side of the forehead, about an inch and a half above the external angle of the eye, there was a small tumour about the size of half a walnut; the integuments covering it were of their natural appearance, soft and elastic to the touch, with an evident sense of fluctuation. Around its base there was a feeling of hardness and irregularity of the subjacent pericranium. This small tumour was attended with excruciating pain, extending over the whole head increased on the slightest pressure, and always most painful towards night. His strength was much exhausted, with great anxiety of countenance. Bowels open; tongue clean; pulse quiet and full.

Stated, that about six months ago, without any apparent cause, he was seized with violent pain over the whole head, and he became quite insensible. He was then bled copiously. From this state he was gradually recovering, when the pain returned, and he was immediately put under a course of mercury, which produced strong salivation. At the end of six weeks the mercury was stopped, and he found himself much better. About this time he went into the open air, and caught a very severe cold, and the symptoms recurred. During eleven weeks he took sarsaparilla, and other medicines. In the nineteenth week he was considered cured. Said that a fortnight before this, he perceived the present tumour, but took no notice of it. It began in the form of a small hard swelling under the skin, and not attended by the least pain on pressure; the pain in the head has been very severe, and almost constant during the last two weeks. He has had the venereal disease frequently, but not for the last seven years.

About twelve months ago, he experienced great pain in the bones of his legs, which increased towards the evening, and about this time he had a small tumour on the left side of his head, similar to the one he has at present; it was laid open, and very soon got well.

On coming into the Hospital, he was ordered, at bed time, to take a calomel pill, and two grains of opium.

He passed a better night than he had done for many weeks, but felt the pain in his head much the same. Pulse full, rather hard. He was bled at the arm to ℥x. and the calomel pill, and two grains of opium repeated at night.

Had another good night, and his pulse much softer since the bleeding. The blood presented a good deal of the inflammatory crust. His hair was cut short, and a bladder with ice applied to the head, from which he felt temporary relief. He complained of most excruciating pain in the head, with hot skin, and a hard and full pulse; he had also had a fit of cold shivering, which lasted about half an hour. Two grains of opium, and six of calomel were given at night. Felt much more composed soon after taking the pill, and passed a tolerably good night. The tumour on the forehead now seemed to become larger, and it was determined to lay it open. A free incision was made through the integuments, along the whole extent of the tumour, and about a tea-spoonful of pus escaped; a large portion of the subjacent bone was found perfectly bare, but smooth. A small branch of the anterior temporal artery was divided by the incision, which bled freely from both extremities; no attempt was made to arrest the hæmorrhage and

* Edinburgh Medical and Surgical Journal.

it ceased after discharging about 8 oz. of blood: a piece of lint was laid on the surface of the wound.

In the evening a great amelioration had taken place of the pain in the head; the skin had become cool and moist, and the pulse calm and soft. The opium was repeated, and an opening draught taken in the morning. Next day felt very much relieved, and had passed a very quiet night. Bowels not moved since the operation; ordered a calomel pill.

From this time he continued gradually to improve in his general health, and the wound to discharge freely. He merely took opening medicine to regulate his bowels, and the wound was dressed with the unguentum ceræ.

In about a month he left the Hospital in perfect health. The wound of the scalp had almost united, and there remained but a slight discharge from the denuded bone.

This case offers an example of the peculiar effects of mercury in producing inflammation and suppuration of the periosteum, and points out the immediate and permanent relief obtained by making a large opening into such swellings.

Wound of the Scalp.

John S., ætat. 43, a groom, was brought to the Hospital at ten o'clock in the morning, with a lacerated wound of the scalp, of an inch in length, and situated two inches above the external angle of the left eye. The edges of the wound were separated from each other, and on introducing a probe, a small portion of the bone was found denuded. There were also slight marks of violence on the temple of the same side, and a small bruise on the top of the left shoulder. Complained of giddiness of head, and sickness. Pulse slow, and labouring; eyes not affected; breathing natural.

About half an hour before he was brought to the Hospital, he received a kick from a horse, which knocked him down, and rendered him insensible. In this state he was taken up by another groom, and almost immediately recovered his senses. He was bled in the arm to ʒxvi., and given a pill containing calomel, the pulv. antimonialis, and the extract of rhubarb, of each two grains, and a senna mixture, of which a wine-glassful was to be taken every three or four hours.

One o'clock, (same day.) Complained of slight pain in his head, with sickness; breathing more hurried than natural; pulse quick and vibrating; bowels not moved. The bleeding was again repeated to ʒxvj., when he became very faint. On visiting him at night, found that his bowels had been freely opened, and he was quite free from pain. Pulse softer; skin moist; next morning he complained of great pain of the shoulder and back part of his neck, otherwise felt better; pulse 84, and full; tongue white; skin very hot; complains of thirst. Was cupped on the back of the neck to ʒxvj., and took some more opening medicine. On the following night he slept well, and was free from pain. The patient left the Hospital at the end of the week, free from all bad symptoms, and in five or six days more the wound of the scalp had quite healed.

The good effects of prompt and copious depletion are well illustrated in the above case.

Wound of the Finger.

The two subsequent cases illustrate several important practical points in the treatment of injuries. They show how very slight wounds may excite great constitutional disturbance, they also point out the advantage of general and copious bleeding under such circumstances, and the irritating effect of even the most simple local treatment, until all febrile symptoms are mitigated.

John B., a dyer, ætat. 35. On the ring finger of the left hand there is a small wound with a growth of unhealthy granulations springing up at the ulnar side of the nail, which is exceedingly painful on being touched, and has produced considerable constitutional irritation. The whole hand and arm, as far up as the shoulder, are swollen; complains of thirst, pain of the head, &c. Pulse full and hard; bowels not open. About a fortnight ago he cut his finger slightly with an old knife, which bled very profusely, but he paid no attention to it further than to apply a piece of linen rag. Two days after, a thread was accidentally drawn violently across the wound, which brought back the bleeding, and next day the wound began to fester; a piece of sticking plaster was now applied, which produced great irritation, but he allowed it to remain four days. He then applied a linseed-poultice, which failed in giving relief.

Sixteen ounces of blood were now taken from the arm, and he was ordered a calomel pill and a senna draught. He felt very much relieved immediately after the bleeding, the pill operated powerfully, and the following morning he constitutional irritation was much abated, the

swelling of the hand and arm was quite gone, and the sore looked better. To be dressed with the unguentum ceræ.

Two days after, he had headach, accompanied with pain in the finger extending up the arm, with acceleration of pulse; complained also of thirst and feverishness. He was bled to ℥xij. and ordered to take the colocynth pill with calomel at night. The febrile symptoms now subsided, the pulse became natural, and the pain and redness were diminished. Leeches were applied to the finger, at a small distance from the wound, which bled profusely, and the local inflammation continued to subside. Notwithstanding having remained in bed and lived on the most simple food, febrile symptoms returned to a slight degree; he was therefore immediately bled to ℥xij. and the bowels purged. This last bleeding produced permanent relief, and the wound of the finger was completely healed in a few days. No local application gave relief, except the immersion of the finger and hand in warm water, which was frequently had recourse to.

Wound of the Finger.

Richard W., a footman, æt. 23, came to the Hospital with a severe cut of his left hand, at the radial and distal extremity of the metacarpal bone of the fore-finger. The wound was inflicted by a bread knife, two days ago, and the divided portion was rather larger than a shilling piece, which adhered only by a narrow slip of skin. Had applied nothing to the hand since the accident. The divided portion was brought in apposition by adhesive straps, but it soon produced so much irritation that a poultice was substituted. Tongue furred and bowels costive, &c. Took gr. x. of the compound extract of colocynth.

On the third day the wound discharged a healthy matter and adhesion was commencing, but the hand was somewhat swollen, with occasional pains shooting up towards the axilla, also complained of headach. Pulse hard; tongue furred; urine very high coloured; much thirst.

In the afternoon he was bled at the arm to sixteen ounces, and a poultice applied over the wound. In the evening he felt considerably easier, but he was still feverish, and the pulse not readily compressible, he was again bled to ℥x. and ordered to take two grains of opium with one of calomel. On the sixth day, two days after the bleeding, all bad symptoms had left him, and the wound began to unite kindly. The pulse was soft and natural; tongue clean, and appetite returned. On the twentieth day he left the Hospital, the wound having completely healed. A piece of lint spread with the unguentum ceræ was the only dressing used.

Division of the Extensor Tndone of the Finger.

A shoemaker presented himself at the Hospital, having six days before received a cut across the distal extremity of the metacarpal bone, which supports the ring finger of the right hand. The wound had completely healed, but the power of extending the finger was perfectly destroyed. To use his own expression, the leader of the finger was cut through with the knife. The finger was placed on a splint, and an attempt is making to unite the divided extremities of the tendon.

Cancer of the Lip.

Edward S——, a countryman, 80 years of age, has a tumour of a firm unyielding consistence in the middle of the lower lip, about the size of a common nut. Its upper surface is covered with an ulcer of a circular form, elevated above the level of the sound lip, and of a pale red colour, discharging a thin sanies. No swollen glands can be detected in the adjacent parts. His general health appears good. About six years ago, he received a wound in the lower lip with a fork, upon which a black scab was formed, and as soon as removed, re-appeared. A year afterwards, the parts surrounding the scab became very hard, unaccompanied, however, with pain. It is only about a year since the lip has given any uneasiness, but since that period the pain has been nearly constant, and frequently very acute. Two months ago the scab fell off, and the sore has since continued in an open state.

Operation.—A piece of pasteboard was put within the lip, in order that the whole thickness of the lip might be divided by one incision. An incision was made on each side of the tumour, so as to form a V particular attention being paid to include the whole of the diseased portion. The coronary arteries at first bled profusely, but soon stopped. The edges of the wound were then accurately brought together, and a pin was introduced at its upper extremity, about a quarter of an inch from its edge. In order to preserve the line of the lip, the pin was passed where the skin and mucous membrane unite, and brought out at the same place on the opposite side, being carried through the centre of the lip. A ligature was twisted round the pin in the usual man-

ner, which brought the edges of the wound in accurate contact. No dressings were applied, but a quantity of coagulated blood allowed to remain on the surface of the wound. The tumour presented the scirrhous character. On the fourth day, the coagulated blood around the point of the pin was removed, by previously moistening it, in order that the pin might be easily withdrawn, and cause no irritation to the wound; complete adhesion has taken place.

Several important practical points were well illustrated in the operation on this patient.

1st. The advantage of having a piece of pasteboard or other solid substance placed behind the lip.

2d. The advantage of allowing the coronary arteries to bleed freely, and of not applying ligatures.

3d. The advantage of one pin, in the place of two or more pins or ligatures.

4th. The importance of being guided in introducing the pin by the natural red line of the lip, and in passing it through the middle of its substance, in place of introducing it either too near the skin, or too near the inside of the lip.

5th. The propriety of not washing the wound, and of allowing the contiguous parts to be covered with coagulated blood.

All these different circumstances are well worthy of attention in executing this simple operation.

The use of a solid substance placed behind the lip, enables the operator to make the incision with great accuracy and decision, and to cut through the whole substance of the lip by one stroke of the knife. It is unnecessary to tie the coronary artery, as the pressure of the pin-suture never fails to prevent the bleeding, and it is always a consideration, when it is desirable that a wound shall heal by adhesion, to avoid taking up vessels, as the presence and irritation of a ligature cannot fail to excite more or less inflammation. The importance of using only such a number of pins or ligatures as shall keep the lips of the wound in perfect adaptation, is also to be attended to in this operation. In the above case a single pin was sufficient to keep the whole extent of the edges of the incision in close contact, and more will seldom be found necessary. Sometimes the addition of a very small ligature or piece of adhesive plaster may be requisite to keep the edges of the lower part of the wound together. Whatever number of pins or ligatures be employed, it is of great importance to introduce the upper one first, and in doing this to be guided by the red line of the lip, by which means its edge will not be rendered irregular and unseemly, and any disparity in the length of the two sides of the wound will be apparent only at its lower extremity. Pins Mr. Wardrop much prefers to ligatures in this operation, as the twisted suture keeps the sides of the wound more accurately together, and also acts on a larger portion of it than the common ligature.

It is also necessary to attend to the place of the lip into which the pins are introduced. If they are entered too near the edges of the wound, the subsequent inflammation may cause them to cut through the skin, and so become useless in retaining together the divided edges. If they are introduced too deep, that is, too near the mucous membrane of the lip, then the wound will gape externally, and the edges of the skin will not be easily brought into accurate contact. On the other hand, if they be too near the skin, then when the external edges are brought into close contact by the application of the thread, the internal wound will gape, and adhesion will be prevented.

As the adhesion or reunion of divided parts, is chiefly produced by the agglutinating qualities of the blood, it is a good rule, never to wash or cleanse in any manner a recent wound. If a quantity of blood coagulates, and agglutinates the skin and parts around a wound, it serves all the purposes of adhesive plaster and bandages, and then all the irritation from such applications is avoided.

Cancer of the Mamma.

Three cases of cancer of the mamma have presented themselves at this hospital, but in all of them the glands were found swelled; in one there were glands in the neck, in another a gland in the axilla, and in the third, an enlarged gland could be distinctly felt underneath the edge of the pectoralis major muscle. The circumstance of the contamination of the glands, is deemed by Mr. Wardrop as an insurmountable objection to the performance of an operation.

Case in which Acupuncturation was successfully employed.

Thomas B——, ætat. 45, a man of robust habit, who, with the exception of an occasional attack of ague, had enjoyed good health, was seized about a year ago, with acute pain in the muscles on the anterior part of the thigh, which, after a time, was followed by lameness in walking: the pain was most severe at night, or after using the limb, when he felt a peculiar jerk as if it would break

under him. Various remedies had been tried, as aperients, colchicum, bark, plasters, bandages, &c., but with little or no alteration for the better.

Two acupuncture needles were inserted into the middle and anterior part of the thigh, to the depth of an inch or an inch and an half, and retained for about a quarter of an hour. This operation was repeated 4 or 5 times at intervals of a few days, with decided advantage, so much so, that the patient said, "I never received so much relief from any remedy, and I would rather sit down to have the needles inserted than to the finest dinner that could be set before me." The pain was entirely removed, and there remained but a slight halt in walking.

Amputation of the Hand.

This operation was performed by Mr. Wardrop on Tuesday morning, on a patient with diseased wrist, the bones of which were carious, and the cause of great pain and constitutional disturbance.

The operation was performed by making two semilunar flaps.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Chronic Abscess of the Chest.

John Hall, aged 23, a man greatly addicted to liquor, was admitted on the 3rd of February, into Henry the Eighth's Ward, under the care of Mr. Lawrence, having a tumour situated just over the cartilages of the seventh and eighth ribs. The tumour was about the size of a moderate orange, and the man stated that it had been coming on for the last twelve months. On pressing it, a distinctly pulsatile sensation was imparted to the hand at each action of the heart, so that some doubt existed as to the nature of the swelling. Mr. Lawrence opened it, however, the next day, when 5 ounces of well-formed pus escaped, and the orifice of the abscess was then instantly closed. A degree of doubt was entertained by Mr. Lawrence as to whether the sac communicated with the cavity of the chest; but the impression generally was, that it did not. The constitution appears to be considerably disordered; the tongue is very much loaded, and the countenance is pallid and wan. A dose of calomel and jalap was ordered to be given, and the patient to be placed upon milk diet.

5. The tongue is much cleaner, and his bowels have been relieved.

8. Fluctuation is again perceptible in the tumour, but not to such an extent as before. It was again punctured, and about 4oz. of purulent matter escaped. Mr. Lawrence expressed a doubt as to the correctness of his former opinion of the abscess having no communication with the cavity of the chest, and he mentioned further, that not long since, he met with a similar case with a lady's maid, who had an abscess of this kind, which was situated in the parietes of the chest, and required every now and then to be opened; his opinion in that case was, that the abscess did communicate with the thoracic cavity.

17. Since the 8th, the man has gone on tolerably well, with the exception of being hot and feverish on the 15th, when he was bled to 16oz., and ordered to take the saline mixture with ½ a drachm of the solution of tartarised antimony every four hours.

18. Rather better. The pulse is small and frequent; bowels open; tongue loaded. Let 10 drops of the tincture of digitalis be added to the mixture, and be taken every six hours.

19. Pulse less frequent, and has passed a comfortable night. Bowels open. Complains of uneasiness in his chest with a slight difficulty of breathing. Let a blister be applied to the chest, and to take 1½oz. of mint-julep, three times a day.

23. Not quite so well; complains of want of sleep at night; pulse very small. Continue as before.

24. Has passed a quiet night, having taken last evening 20 drops of laudanum. A thin ichorous matter issues from the orifice of the abscess, of a very offensive odour. Great pallidness still pervades the countenance; the features are shrunk, and anxiety is depicted in every look. The pulse is small and wiry; complains of pain on making a full inspiration. Bowels open, and tongue loaded. Appetite prostrate. Let him take the saline mixture, with half a drachm of the tincture of hyoscyamus every four hours, and repeat the laudanum at bed-time, if necessary.

27. Better; took another dose of laudanum last night, and has had some refreshing sleep. An ichorous matter still continues to be discharged from the abscess; but it has lost its offensive smell. The man's appearance is also much improved. Bowels open; tongue moist and clean. Continue as before.

31. Gradually improving. The wound has ceased to discharge, and the appetite is returning.

After remaining in the Hospital a few days longer, he had recovered sufficient

strength to enable him to walk in the Hospital square for a short time each day, and at his own request he was discharged, in order that he might go into the country for change of air.

Case of Chronic Dysentery, with spasmodic contraction of the internal Sphincter Ani.

G. Beaumont, a shoemaker, aged 40, was admitted on the 16th of February into John's Ward, under the care of Dr. Latham. On inquiring of the man the particulars of his case, he stated that, about six months ago, he was seized with a severe purging and pain in his bowels. The stools for the first few weeks were of their natural colour; but after a time they became slimy, and were tinged with blood. He further stated, that he had occasionally sought medical aid, and although he has thus been more or less relieved, still his complaints have never entirely left him. The calls to go to stool are at this time very frequent; the evacuations are generally very scanty, and passed with considerable pain. The man also stated, that when the stools were passed in a solid state, they were never of the ordinary size, and always appeared flattened. His complaints at present are less severe than they were. He has been subject to a bowel complaint for the last few years. Pulse 80; tongue moist. He appears greatly emaciated, but his appetite continues tolerably good. Let him take the compound blue pill with chalk, every four hours, with two ounces of lime water every six hours. Milk diet.

20. The purging has ceased, and he has now but one stool in the course of 24 hours. The stools are of a small size, of a dark red colour, quite flat, and in some degree twisted. After passing them, he has a sense of pain and irritation about the anus. Let a dose of castor oil be taken immediately, and repeat the pills every six hours.

22. Yesterday passed a stool nearly of a natural size. Dr. Latham observed, that this case appeared analogous to those alluded to by Dr. Baillie in a paper read by him at the College of Physicians, and published in the fifth volume of their Transactions*. Continue the medicines.

28. Mouth sore; fæces solid, and does not complain of so much irritation and uneasiness about the sphincter ani. Discontinue the pills, but not the lime water. Let him take two drachms of castor oil every morning.

March 5. For the last few days the patient has been convalescent. The bowels are relieved two or three times each day, and without any tormina or tenesmus. He continued in the Hospital about a fortnight longer, and was then discharged.

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* The following is an extract from Dr. Baillie's paper on this subject:—"An examination of the rectum was occasionally made *per anum*, and the rectum was always found to be so much contracted, as to admit with difficulty the fore-finger. The contraction extended to the upper limit of the internal sphincter of the anus, above which the cavity of the bowel was of its natural size. This case is very different in its nature from the usual stricture of the rectum, and it is of considerable importance, that it should be distingnished from it in practice. In the one case, the prognosis would be favourable, and in the other case it would be generally very much the contrary. Upon a slight degree of attention, the two cases might be confounded, but when accurately examined, they may at all times be clearly distinguished from each other. In both cases, the fæces will be found to be flattened in their shape, small in their size, and in some degree serpentine or twisted; but the other symptoms will be found to be very different. In the common stricture of the rectum, the situation of the stricture is generally two or three inches above the outer sphincter, and there is a sound capacious portion of the bowel between the stricture and the sphincter. At the seat of the stricture, the coats of the rectum are felt to be more or less thickened, and not uncommonly, in the cavity of the stricture, there is a hard irregular ulcer. Although this disease has in its early stages little influence upon the constitution, yet, when it has made a further progress, the powers of the constitution become very much weakened; great emaciation generally takes place, and the patient is destroyed.

In the other species of stricture produced by a contraction of the anus, the contraction is found on examination to be at the anus, or the very lower extremity of the rectum, the mucous membrane of the rectum is discovered to be sound, and the general health is not impaired.

As this kind of stricture occurs very rarely, and is not very generally known, I have thought it not unimportant to communicate an account of it through the medium of the Transactions of the College."